Lectures
ON
ORTHOPÆDIC SURGERY.

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LECTURE III.

ON CONTRACTIONS OF THE LIMBS.

CONTRACTIONS of limbs may be general, as is seen in spastic rigidity from spinal irritation; or a limb or a portion of a limb only may be affected, through injury to the nervous system, or from local injury, or as a result of inflammation. Thus, spasmodic contraction may affect an upper or a lower extremity, or a hand or a foot only, or the entire muscular system may be involved. The muscles which are most frequently affected in this manner are the flexors and the adductors of the thighs, the flexors of the legs, the extensors and the adductors of the feet, the flexors of the arm, and the flexors of the wrist. But, besides these, a spastic condition of the muscles of the head and trunk, those of the orbit and of the organs of speech and deglutition, occasioning wry-neck and every form of spinal curvature, squinting, stuttering, and difficulty in swallowing, is also met with, following those lesions to which allusion has already been made. Again, paralysis gives rise to distortions which bear in outward form a close resemblance to those which have been occasioned by spasm. For, as in spasm the flexors, adductors, and pronators of the limbs are more especially affected, so in paralysis the opposed sets of muscles become more especially implicated—namely, the extensors, abductors, and supinators. And thus the wrist may for instance, be flexed through spastic rigidity of the flexor muscles, or it may equally be flexed through paralysis of the extensor muscles and consequent contraction of their opponents. And in the same manner the foot may be affected with talipes varus through spasm of the gastrocnemius and the adductors, or it may equally be distorted into talipes varus through paralysis of the muscles on the front of the leg and the abductors, and the consequent retraction of their opponents. These morbid states then—paralysis and spasm—are induced by irritation or by organic change in the nervous centres. The lesion may be congestion only, or effusion and softening may result.

But local inflammation is, perhaps, even a more common cause of contraction of limbs than nervous lesion. Inflammation of and around joints, whether it be in the form of rheumatism, or scrofula, or phlegmonous erysipelas, or from mechanical injuries, gives rise to contraction of the limb, with more or less immobility.

I will now proceed to consider various contractions of the limbs, and afterwards direct attention to the treatment of these results of spasm, paralysis, and inflammation, as they are brought before us in the deformities with which we have to deal. And because club-foot is of very frequent occurrence, and in the treatment of this deformity that of all other deformities may be said to be comprised, I will commence my descriptions of contractions of the limbs with the description of talipes, or club-foot.

ON TALIPES, OR CLUB-FOOT.

Talipes occurs especially in four principal forms, or varieties, which are distinguished by the terms equinus, varus, valgus, and calcaneus. The word talipes is used as a generic term, and comprehends all those deformities of the feet which result from muscular and other contractions. But besides these specific forms, where the foot is directed downwards, inwards, outwards, or upwards, compound varieties, or intermediate forms, are met with, such as equino-varus, equino-valgus, calcaneo-varus, and calcaneo-valgus. Each of these varieties of talipes may be either of congenital or non-congenital origin; and each form may depend on any one of the several causes already mentioned, such as spasm, paralysis, inflammation, &c.

Talipes equinus is more frequently met with than any other variety of talipes: it is essentially a non-congenital deformity; but also it occurs, though rarely, as a congenital affection. I have an opportunity of showing you such a case: the child is a patient of Mr. Lattey's.

Talipes equinus consists in the elevation of the heel through morbid contraction of the muscles of the calf of the leg, the foot being neither inverted nor everted. Where this distortion occurs as a congenital affection, the other foot may also be distorted; and probably the hands may be also affected. Thus, in one instance, which came under my care, there was talipes varus of one foot and talipes equinus of the other, as well as club-hands. In the case to which I have alluded above (Mr. Lattey's) talipes equinus was the only deformity which appeared; this was, however, so remarkable that I may bestow some few words upon it.

The child was well formed with the exception of the right foot. On this foot were eight toes. It was a large, broad foot, fully extended, and nearly half as broad again as the other foot. A slight sulcus separated the heel into two equal parts, making two small heels. The most singular circumstance, however, connected with this deformity was that two Achilles tendons were inserted into this conjoint heel, and that both were large, well-developed tendons. The tendons were placed so far apart that it was necessary to introduce the knife a second time to divide the two tendons. The accompanying woodcuts (Figs. 2 and 3) show the two aspects of the limb:

FIG. 2.

FIG. 3.

one passive and the foot extended, while the other shows the muscles of the calf of the leg in action, and the toes bent towards the sole of the foot.

In talipes equinus the extremities of the metatarsal bones and the toes rest on the ground and support the weight of the body; and thus they become slightly separated one from another, and the breadth of the anterior portion of the foot

FIG. 4.

is increased. (See Fig. 4.) When there is considerable loss of

power in the muscles on the anterior surface of the leg, the foot may be retroverted, and even the entire dorsum of the foot may rest on the ground. When the muscles in the front of the leg are affected with spasm, the toes are drawn upwards and backwards.

There is still another form of distortion, with very little deformity, however, which is notwithstanding occasionally, to say the least, extremely inconvenient, and which is known as rectangular contraction. In this condition, the foot cannot be raised beyond a right angle, and the anterior part of the sole is pressed too forcibly against the ground in walking, so that it is rendered tender and painful, and at length a callosity forms which induces lameness. There is a case illustrative of this rectangular contraction at this time in Harris's ward. In this instance, not only was there a large callosity on the anterior portion of the sole of each foot, but the patient was admitted with inflammation of the sole and the callosity in each foot in a sloughing condition. The callosities have already almost sloughed out, but their removal alone, and without the section of the Achilles tendons, will not add much to the patient's comfort.

When any lateral deviation of the foot is superadded to elevation of the heel, then other muscles than those of the calf of the leg are called into action, such as the adductors or the abductors of the foot. Then we have a compound distortion produced, whether equino-varus or equino-valgus; and the special form of distortion is determined by the relative power of one or other set of muscles, or perhaps it is determined by the mode of transmission of the superincumbent weight, or by some other such cause. Fig. 5 represents equino-varus.

FIG. 5.

The *treatment of talipes equinus* consists in the restoration of the shape of the foot by the division of the tendo Achillis, and the subsequent gradual extension of the new material which is deposited between the divided ends of the tendon, until the foot can be well and sufficiently flexed upon the leg. Occasionally, however, the limb may be restored to its normal position, and distortion may be efficiently removed by mechanical means alone and without the use of the knife. This is especially the case where the distortion results either from paralysis or spasm, and especially where it is slight only. Where the distortion is severe, the tendo Achillis must be divided.

The tendo Achillis is usually divided from an inch to an inch and a half above its insertion. The tenotome should be passed beneath the tendon from the outer to the inner side of the foot; and the edge of the knife being then turned upwards towards the tendon, and the tendon at the same time being made tense, the knife will be drawn across the tendon, making a clean transverse cut. Care must be taken not to draw the knife through the skin covering the tendon. If the limb be so held that the tendon is left lax, it may be difficult to divide the tendon; but if, on the other hand, too much force be used the divided ends of the tendon will be drawn asunder forcibly, and the integument will be drawn on to the operator's knife; it will then require some skill to avoid dividing the covering skin.

Scarpa's shoe is the instrument ordinarily used in the treatment of this deformity. It may be applied so soon as the puncture has healed, on the fourth day namely; and extension may be carried on slowly and gradually until its completion in six weeks. Should extension not be sufficiently rapid, at the end of six weeks distortion will only be in part removed; but, on the other hand, should extension be made too rapidly or forcibly, the uniting medium may be drawn out so as to destroy the power of the gastrocnemius, and calcaneus will then result.

The restoration of function is scarcely less important than the restoration of position in cases of deformity which come under treatment. No greater mistake can be made than to suppose that all that is required of the surgeon is to remove an inconvenient or ugly position of a limb. Until he has restored some degree of power to use the limb as Nature intended, he has conferred but a small benefit by the restoration of position. Galvanism, shampooing, and baths, as they may seem necessary, are to be recommended in these and similar cases of deformity, and their use is to be continued until such power is restored as can be regained.

(To be concluded.)

CONCERNING APHASIA.*

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In the remarks which I am about to address to you, my aim is not to contribute any new facts to the clinical history and the pathology of the condition known as aphasia, but to weigh the bearing of the facts already recorded, to examine how far these support the theories that have been based upon them, and to set forth as definitely as may be possible the kind of conclusions warranted by the state of our knowledge. It appears to me that inquiry into this obscure subject has arrived at a stage when little or no further profit can accrue from an aimless accumulation of observations, and that what is now needed is a digestion of the material which lies at hand.

Now the condition of aphasia, or the loss of the power of intelligent expression by speech, must needs for a long time be a very difficult study, forasmuch as the consideration of it brings us at once to that unknown region which lies between what we call mind and what we call matter—to that great barrier which man, having himself first set it up, has been occupied generation after generation in adding to, lamenting all the while that he can find no means of passing it. On the one hand, language is in the most intimate relation with the operations of mind, having, indeed, an essential part in them; on the other hand, it is a mode of physical expression—a muscular act which our senses can observe. Between the thought of the mind and the word which is the sign or utterance of the thought lies that great gulf which no one has yet fathomed or thrown a bridge across. And yet every moment of our lives it is crossed by the ideas travelling outwards for expression, and recrossed by the effects which all muscular acts exert upon the mind. Assuredly there is a direct organic connexion, though we cannot trace it. Our available methods of inquiry are indeed as completely divided as are the subject matters with which they deal: the objective or physiological method of direct observation is concerned with the clinical phenomena of aphasia and the pathological appearances which have been found to accompany it; the subjective or psychological method of introspection is applicable only to the observation of the mental processes, and to the part which words or names have in them. Now it seems to me that conclusions respecting aphasia have been drawn almost entirely from pathological observation, without regard to the important bearing which language in its physiological and intellectual aspect has on the question to be resolved. Had the subjective method been properly used, and the psychological relations of language duly considered, it may be questioned whether the theory that a part of the third left frontal convolution was the

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seat of articulate language would ever have been promulgated so hastily, and, I may add, received so rashly. To my mind, there has been nothing like it in psychology since Descartes located the soul in the pineal gland.

Without further preamble, I propose on this occasion to handle briefly, first, the genesis of the theory; secondly, the character of the evidence by which it is supported—in fact, its worth as tried by the simple principles of the inductive logic; thirdly, the physiology of language, so far as defective knowledge enables us to go; fourthly, the pathology of aphasia under a like limitation; and, lastly, to touch briefly on certain questions of interest relating to the condition of aphasia.

The genesis of the theory.—It is well known that Gall believed the faculty of language to reside in the part of the anterior lobes lying above the orbital plates; and, after him, Bouillaud strongly supported the theory of its location in the frontal lobes. Subsequently, M. Dax, of Montpellier, placed the lesion which abolished speech exclusively in the left brain; basing his opinion on 140 observations of cases of aphasic hemiplegia in which the hemiplegia was always on the right side. His son went still further, and limited the seat of the faculty of speech to that portion of the left hemisphere which borders the fissure of Sylvius. It is plain that theories concerning the location of language in the frontal lobe, and in the left side of the brain, were floating in the air. What was likely to happen? That some one in whose mind these theories were fermenting should make an observation or two for the purpose of testing them; and, having found a particular morbid lesion accordant with them, should incontinently jump to the conclusion, not only that the theories were well founded, but that he had discovered the exact seat of the language-faculty. This was exactly what happened. M. Broca, of Paris, examined the brains of two patients who had suffered from aphasia; found, in the one, destruction of the posterior half of the second and third left frontal convolutions, and in the other, destruction of the posterior third of the same convolutions; and concluded, after taking into consideration the symptoms during life, that the posterior part of the third left frontal convolution was the seat of articulate language. Certainly a venturesome conclusion to found on two instances, even if the evidence in them had been of a precise and positive character! But it was far from being decisive. In one of the cases there were, besides the particular lesion selected as the basis of the theory, the following morbid conditions:—Thickening of the cranium and of the dura mater; infiltration everywhere of the pia mater, with yellowish plastic matter of the colour of pus; softening of the greater part of the left frontal lobe; a cavity of the size of a hen's egg, filled with serum, and caused by the destruction of the inferior marginal convolution of the temporo-sphenoidal lobe, the convolutions of the island of Reil, and the subjacent part or extra-ventricular nucleus of the corpus striatum; while the weight of the encephalon, after the fluid had drained from it, was 14 oz. less than the average weight of the brain in men of fifty years of age. In the other case, although no other morbid lesions were said to be discoverable than an apoplectic cavity in the posterior third of the second and third left frontal convolutions, and a considerable quantity of serum in the arachnoid cavity, the brain with its membranes weighed only 40 oz., or 9 oz. below the average weight of the brain in adult males. It appears to me that these atrophied brains—the brains of persons who died inmates of a lunatic asylum—afford very indifferent support to the theory which was extracted from them; indeed, it is not easy to see why M. Broca might not, with equal justice, have maintained that a faculty of sanity was located in the third left frontal convolution.

Thus much concerning the genesis of Broca's theory. I need not now enumerate the names of those who have given it their entire or partial adherence; the immediate question being, not as to the number of the witnesses, but as to the nature and value of the evidence which they give. Let us, then, address ourselves briefly to this question.

The nature of the evidence adduced.—The theory may be characterised, in a few words, as founded on a crude induction *per enumerationem simplicem*, without due regard to contradictory instances. It is an example of the commonest kind of fallacy in inductive inquiry—the unwarrantable conversion of the lowest sort of generalisation into a causal law. Causation has been confidently inferred from what, so far as evidence goes, may be mere causal conjunction. Consider what the evidence is:—

1st. We have numerous observations recorded proving the more frequent coincidence of impairment of speech with hemiplegia of the right than of the left side—i. e., with injury of the *left* brain. In respect of this point we may note an agreement of observations. We must note at the same time, however, that the coincidence is very far from being invariable.

2nd. We have many observations recorded in especial corroboration of Broca's theory respecting the coincidence of impairment of speech with damage to the third left frontal convolution. In respect of some of these observations, we cannot fail to note an almost too exact agreement. The morbid anatomy of the brain is notoriously a subject requiring very skilled observation, and difficult even to the best trained observer; and when we get a photographic likeness of testimony from observers who have had no special training, and who knew what they were looking for, it is hard to withstand a suspicion of some bias. Not that we need suppose this to be conscious, if it existed; for the great difficulty in observation is, not to see what is looked for, but to avoid seeing it. Inference mingles unavoidably in observation; indeed, half or more than half of what is commonly called observation is inference. Happy, therefore, is the observer who enters on his investigations with a sound theory in his mind.

3rd. A few cases have been recorded in which lesion of the third *right* frontal convolution was *not* accompanied by any aphasia. These may be claimed by the advocates of Broca's theory as affording negative evidence in its favour. Let it be noted, however, at the same time, that they do so only on the assumption of a better foundation for the theory which is in dispute than actually exists; if anyone chooses to maintain that neither the third left nor the third right frontal convolution has anything special to do with the faculty of speech, he may quote these cases as *positive* evidence in favour of his opinion. Moreover, we must not overlook the fact that several cases of aphasia have been recorded in which the morbid lesion was in some part of the *right* brain, the left being to all appearance quite sound. Still more cases have been related of aphasia with *left* hemiplegia, where no opportunity of examining the brain after death was afforded.

4th. Proceeding with our review of observations, we find that not a few have been reported in which, although there had been aphasia, there was no lesion whatever of the third *left* frontal convolution. It may, of course, be said that there was a lesion, and that it was not detected. If we allow, as we may justly do, some weight to this plea, we must not forget that it might be put forward with the same force by anyone who chose to maintain that speech was located in the third *right* frontal convolution.

5th. Some cases have been recorded in which the whole of the left anterior lobe was destroyed by disease, and yet there was no aphasia; and there is, at any rate, one case on record in which there was destruction of the posterior part of the third left frontal convolution without aphasia. Such instances would conclusively negative Broca's theory, unless they can be got rid of by being pronounced untrustworthy, or by the violent supposition that they were exceptional cases in which, by some freak of Nature, the faculty of speech chanced to be in the right brain. See how many hypotheses are necessary in order to prop up a bad generalisation. A good structure does not need to be thus shored up on every side, nor stands only by reason of external support.

Lastly, I may mention incidentally, that in 44 cases of impairment of speech out of 332 cases of cerebral tumour, collected by Dr. Ladame, the tumours were more often in the middle than in the anterior lobes, in the proportion of 5 to 4. Tumours in the corpus striatum and pons Varolii were more frequently attended by loss of speech than tumours occurring in any other part of the encephalon. There is no comfort for the advocates of Broca's theory in these observations.

What, then, does this review of the evidence come to? Surely it affords a complete justification of the terms in which I characterised the theory. The one fact which does stand out as supported by some positive evidence, and which has given some show of reason to Broca's fanciful theory, is the frequent coincidence of aphasia with right hemiplegia. If pathological observers had been content to use this as a provisional generalisation, to record it as the lowest kind of empirical law, until further researches had made known the causal law determining these concomitant effects, there would have been nothing to object to. But when they went on to locate a faculty of speech in a particular part of a particular convolution on one side of the brain, they rushed on recklessly to an entirely different conclusion—a conclusion unwarranted by the evidence and unphilosophical in conception. They converted the lowest sort of generalisation into a hypothetical law of causation; and we have seen what shifts they have been driven to, what a host of hypotheses they have been forced to invent, in order to

account for contradictory instances and to keep the theory afloat. Thus the pathological evidence offered has been thoroughly vitiated with hypotheses, and entirely fails to satisfy the first requirements of inductive reasoning. Let us now proceed to view it in the light of physiological facts, and see what bearing they have upon it.

The physiology of language.—Time and the occasion will not allow me to do more than direct your attention to certain leading considerations touching this difficult subject. I shall begin by asking whether the advocates of Broca's theory have really considered what they definitely mean by it. For my part, I find it impossible to understand, nor can I satisfy myself that they themselves understand clearly, what they mean by the faculty of speech. It is obvious that they do not intend to denote thereby the muscular acts into which states of consciousness are translated: they would hardly locate the muscular act in the posterior part of any convolution. They cannot surely mean the feelings and ideas of the mind which are translated outwards in speech: they would hardly "crib, cabin, and confine" all the ideas and feelings in the fragment of a convolution. What, then, is that faculty of speech which they locate there? Having the ideas and the ideational centres which minister to them, and the muscular acts and the motor centres from which they proceed, what other special faculty and nervous centre are required for the phenomena of speech? Broca and his followers seem to have deceived themselves by the creation of a wonderful metaphysical entity distinct from the phenomena, which they call *a speech faculty*, and locate in a portion of the third left frontal convolution. Every idea of the mind is then supposed to be obliged to travel there from the most distant convolutions of both hemispheres, from the north and the south and the east and the west of the brain, to get itself spoken—translated into a muscular act of speech. In no other way can it get outward articulate expression. But if this be so, it will be necessary to suppose that nerve-fibres from all the ideational centres of all the convolutions converge to this particular convolution. We know that communicating fibres, the radiating fibres of the cerebrum, do converge from all parts of the convolutions to the motor centres below; but of any similar fibres converging to a particular convolution we have not the shadow of any evidence.

Now the truth is that there is no more a special faculty of speech in the mind than there is a special faculty of dancing, or of writing, or of gesticulating. All the voluntary movements of the body may be called the outward expressions of ideas. The movements of the tongue have not a special kind of connexion with the mental processes, though their connexion is a very intimate one. If a person be dumb, he must use the muscles of some other part of the body to express his ideas, and he may use the muscles of any part that is capable of a variety of motions; these then become his language. A man may learn to write with his toes, but they are not so convenient as the fingers for such purpose, and therefore it is not worth while learning to do so. So with regard to speech: the tongue is the most convenient organ, because it is capable of such a great variety, delicacy, and complexity of movement, and because its movements, in conjunction with those of the lips, modify sound, and thus make audible language. But because its muscular acts receive, on this account, a special name—are called speech—they are not special in kind, and have not a more special faculty in the mind than any other definite co-ordinate movement has. Where would the advocates of Broca's theory suppose that the faculty of non-articulate language of an intelligent deaf and dumb person was located? To what particular convolution would they assume that the ideas must travel in order to get themselves expressed in gesture language? Would they locate all the bodily movements in the convolutions?

But it may be that those who uphold Broca's theory would argue that their favourite convolution is the seat, not of the ideas nor of the muscular acts of speech, but of the words in which ideas are clothed for expression. Have they, then, reflected seriously on what words are? A word is nothing more than the artificial mark of the muscular act of speech into which the idea is translated, and a name nothing more than a particular word appropriated to mark a certain idea, so that when heard or seen it may excite the same idea in our minds or a similar idea in other minds. The name or word has no independent vitality; it is merely a conventional sign or symbol differing in different languages; nor is it an indispensable instrument of thought. As the example of Laura Bridgman, who was deaf, dumb, and blind, proves, it is possible to think without words as well as to express thoughts without words. The two essential factors in intelligent speech are the idea and the motor act: the former having its seat in the grey matter of the convolutions; the latter proceeding from the nerve-centres of the motor nerves which go to the tongue and other muscles concerned in speech. The subordination of motor to ideational nerve-centre here is in conformity with the subordination of all other motor centres to the supreme ideational centres; and the muscular acts of speech proceed from their appropriate motor centres just as the muscular acts of a limb which is accomplishing some intelligent purpose proceed from its appropriate motor centres. To say that it is in names we think, and to make of the name an influential factor intervening between the idea and the muscular act of speech, is to mistake names for things; it is to substitute the barren and conventional sign which marks the idea either for the idea itself or for the means of its physical expression, which, as we shall see, do intervene actively in the mental life.

(To be concluded.)

ON THE

NATURE OF ECZEMA FROM A CLINICAL POINT OF VIEW.

WITH A CRITICISM OF HEBRA'S VIEWS.

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(Concluded from page 664.)

THE most interesting point involved is as to the nature of the papulation in eczema. Most people believe that it is lichen (Willan), and that it is a stage of eczema. Now in the section on differential diagnosis, at page 119, Hebra remarks, "The papular form of eczema, often called lichen, will be readily distinguished from the affection I regard as lichen if the point insisted upon in its definition be steadily kept in view. The chief characteristic of the papules of true lichen is that in their entire course they undergo no transformation to vesicles, pustules, or crusts, but from first to last preserve the papular form unchanged. In the case of eczema we see its papules filled with fluid, many, even while they appear hard elevations, not bigger than millet seeds, so that they readily become ordinary vesicles as their epidermic covering becomes thinner set." Hebra includes under the term lichen only two varieties, lichen scrofulosorum and lichen ruber; but I assert that the lichen simplex of Willan possesses the diagnostic features given by Hebra in the above quotation. The passage I have quoted explains the point I am attempting to illustrate—namely, that in the lichen of Willan the change from papulation to vesiculation does not occur, for in lichen the sub-epidermic material is fibrillating lymph, and not, as in eczema, a fluid tending to the formation of pus-cells. The two papulations are different in aspect also: the papules of lichen are solid and palish, those of eczema vascular and red. In other words, the papulation of eczema is not really lichen; the papules in eczema are often congested and erected follicles, or enlarged and congested papillæ, and, therefore, secondary phenomena. This view of the case is confirmed by a reference to the position assigned by Hebra to miliaria and sudamina, and especially lichen tropicus. In these diseases it is quite true that papules first appear, and then develop into vesicles, and Hebra places them under the head of eczema, of course implying that they prove that eczema may develop out of lichen. But if there be any point upon which I am clear in my own mind it is that the anatomical seat of lichen tropicus is the perspiratory follicles, which become congested and inflamed. Lichen tropicus is not a lichen. In this respect Willan certainly erred. The fact is, the term lichen has been given to conditions the most diverse—to solid lymph elevations, congested follicles, miliaria, sudamina, and the like; hence the error that has arisen.

Now, Hebra seems to me to have forgotten that inflammatory affections may offer the closest resemblance—must, indeed, do so—the one to the other, but that they may be at the same time essentially distinct in nature. Inflammation is a condition of disordered nutrition common to many diseases, and whose object is conservative—to bring about reparative action. It may occur from a variety of influences which modify the results in each case. Whenever it does take place, the first step is congestion; then effusion of fluid of varying

quality, giving rise to papulation, or vesiculation, pustulation, &c. In small-pox, varicella, eczema, and erysipelas the process of inflammation is the same, only it is modified, as regards results, by the condition of the blood or the behaviour of the tissues. Similar stages in different diseases may be mistaken—the papulation in lichen for that of eczema. I have already given the distinction. We do wrong in laying so much stress on the mere inflammation, and in failing to recognise those conditions which so modify the inflammatory process as to lead in one case to the effusion of plastic lymph, in another serosity, in another the formation of pus, and so on. And it must be remembered that Hebra does not believe in the constitutional origin or constitutional treatment of many diseases. With him everything is local; diathesis is nothing, comparatively speaking. And not anything can prove this more completely than his assertion that "it is *faulty innervation* which is the most important element in its production (eczema);" and "that the cause of this change in the nervous system must be left unanswered for the present, since we have no trustworthy observation to direct us on this point,"—in the face of the well-known influence of the gouty and scrofulous habits on the disease. To get over the difficulty of the symmetrical character of the disease—a feature which has at all times been regarded as the strongest proof of the constitutional origin of a disease,—Hebra hazards the statement that "the symmetrical character of an eczematous eruption is more simply accounted for by an original participation of the nerves than by the supposed excretion of impurity in the blood." And Hebra's most unaccountable denial of the power of constitutional influences is again vividly portrayed in the account he gives of the etiology of prurigo. He cannot ascribe the origin to any internal constitutional state, but pronounces it to be, "in the strictest sense, a disease of the skin itself." I lose confidence in Hebra when I examine his doctrines in regard to causation and etiology; and I feel sure that he will find himself warmly opposed by English practitioners.

What, then, is the general conclusion at which I arrive? That there is a disease whose main feature is the occurrence of discharge of sero-purulent nature, to which the term "eczema" may be applied. The disease may be abortive, and then the erythematous aspect may predominate, yet there is an attempt at vesiculation; or the exudation may be slight, and only raise the cuticle into what appears to be papulation; or pus may be readily produced, or the secretion may quickly be reabsorbed and scales be produced, or fissuring result at an early stage. It has been therefore said, especially by my friend Dr. M'Call Anderson, that eczema may commence as an erythema, a papulation, a vesiculation, a pustulation, a squamation, or a fissure. Any of these stages of inflammation and its results may be quickly arrived at or specially preserved, but in all cases the tendency is to the outpouring of a large quantity of serosity of special quality from the skin. This necessity tends in the first place to the uplifting of the cuticle by the serosity—i. e., the production of vesiculation, which is rapidly over, because the cuticle bursts and the fluid is discharged; but the tendency to free secretion exists, and is the main feature in the disease. And this vesicular stage is generally passed when the disease comes under the notice of the physician, though vesiculation *may*, with care, be made out at the edge of a patch which is on the increase. It is manifestly unfair to estimate the value or probable occurrence of vesiculation in a disease which is stationary or in progress towards recovery. As I have said before, I do not believe that the papulation of true lichen and that of eczema are the same.

With regard to the nature of the discharge in eczema, Hebra says: "Although I give this special name [*eczema fluidum*] to the secretion which fills the vesicles of eczema, and, after their rupture and disappearance, is seen upon the surface, I am well aware that it might with equal propriety be termed Plasma, or so-called Inter-cellular fluid. And I do not intend to convey the impression that it is peculiar to eczema, or represents in any sense a special pathological product—a *materia peccans*; for it is well known that the same fluid which fills the vesicles in eczema forms those also of varicella and herpes, and the bullæ of pemphigus, unchanged in its anatomy and chemistry. I therefore choose this term merely as a convenient one to denote shortly the secretion of eczema." (Note, p. 98.)

If the fluid of eczema be not distinct, why does it possess the peculiar character of stiffening linen so remarkably, and drying into characteristic crusts, which is not possessed by that of varicella, herpes, or pemphigus? Of course, in estimating the nature of eczema, we must take its history collectively; but the character of the secretion alone is markedly peculiar. I think that the experience of my readers will bear me out in the statement, firstly, that there is a very definite disease whose main character is the occurrence of discharge or weeping, the discharge stiffening linen and drying into thin yellow crusts, which Willan described as eczema, and independent of lichen; secondly, that, because some papules become vesicles, it does not follow that lichen is eczema.

The contrast between the skin in the lichenous and that in an eczematous subject is very marked. The surface in lichen is dry, harsh, thickened, and often discoloured. In eczema it is thin, delicate, sensitive to irritants, and pale. There is a general deposit of fibrinous material in the former in marked cases, which is altogether absent in eczema.

But I am bound, now that I have said what eczema is not, to define what it is. Well, what are its main features as an inflammation?

1. Its occurrence in debilitated subjects.
2. The free and rapid outpouring of fluid in which corpuscular cells freely develop; and its sero-purulent, or rather muco-purulent, character.
3. The rapid proliferation of the connective-tissue corpuscles.
4. The special tendency of the disease to spread by continuity of tissue, and to travel over large tracts of surface.
5. The peculiar crippling of local reparative action which it seems to induce, as though it left a special local tissue debility, so that chronic forms of the disease, especially some "discharge" or "weeping," are left behind.
6. The sometimes free formation of pus with the secretion.

Analogically, eczema in this respect answers, as regards the mucous surfaces, to catarrhal inflammation; and I cannot help thinking that this view of the case gives us the clue to a very simple rearrangement of inflammatory affections of the skin—viz.: catarrhal inflammation, or eczema; plastic inflammation, or lichen; suppurative inflammation, or impetigo and ecthyma; and so on. This is in accord with the mode of arrangement of local diseases which is recommended by the College of Physicians in its new nomenclature report. Willan's vesiculation, after all, means something more than at first sight appears; it implies, in reality, the existence of a special discharge which tends to elevate the cuticle into vesicles, that discharge being of a "catarrhal" character. And this view is still further confirmed by the concomitance of catarrhal disease elsewhere—in lung, intestine, or bladder in eczematous subjects, or the replacing of eczema by internal mucous flux, and *vice versâ*; occurrences which practitioners must find not very uncommonly, especially in old people and in young and weakly children.

And one word in conclusion. It seems to me that the view of eczema which I take is simple and one likely to lead to more satisfactory views as to treatment, because it would indicate, what I am disposed to believe is necessary, a more tonic plan of treatment for eczema than is generally employed, and a soothing plan locally; and for lichen a treatment likely to lead to the non-production and subsequent absorption of plastic material. I differ from Hebra in believing that the papulation of eczema is not lichen — that is to say, that lichen and eczema are not the same; in laying greater stress on the "discharge" feature of eczema. I differ from him, also, in regard to the nature of the red scaly patches, and the influence of constitutional conditions. But I hope that the hypothesis of the "catarrhal" nature of eczema, adopted and defended in the little "Manual" which I have just published, may yet bring us into accord.

Sackville-street, Nov. 1868.

CASE OF ANEURISM OF THE THORACIC AORTA.*

BY G. H. PHILIPSON, M.A., M.D. CANTAB., M.R.C.P.L.,
PHYSICIAN TO THE NEWCASTLE INFIRMARY, ETC.

IN consonance with that propriety of feeling, that zeal for and encouragement given to original research, so often and so unmistakably evinced by our late much esteemed and lamented fellow-member and friend, and in compliance with his own expressed wish, the following particulars respecting his case have been penned. His frank and ingenuous manner, his

* Being an account of the case of the late Thomas Hutchinson Pyle, M.R.C.S., L.S.A., of Earsdon. Read before the Northumberland and Durham Medical Society, Nov. 12th, 1868.

honesty and purity of purpose, his genuine kindness of disposition, and, above all, his willingness and joy in aiding a professional associate, will long be remembered. Though dead, the memory of our friend and brother will long be cherished.

In January, 1867, during a cold sleety night, the late Mr. Pyle was hastily summoned, by his assistant, to a case of difficult midwifery. In his anxiety to reach the house with the least possible delay, he took the more direct route across the fields, and unfortunately got into a snow drift. For some hours afterwards he was prevented obtaining dry clothes, and subsequently suffered severely from rheumatism, principally of the large joints and of the chest.

In August, 1867, Dr. Peacock, of London, was consulted, who stated that aortic valvular disease existed, and advised relinquishment of professional duties.

In November, 1867, the conjoint opinion of the late Dr. White and Dr. Charlton was sought, both of whom diagnosed the existence of aneurism of the arch of the aorta.

On the 25th of January, 1868, I was kindly afforded an opportunity of examining Mr. Pyle. At that time there was a visible pulsation in the right mammary region, most evident at the third interspace. There was dulness from the middle of the sternum, three inches and a half to the right; over this space a double blowing murmur was heard. There was no general or local bulging of the sternum. The heart's impulse was a little within and below the left nipple. The heart's sounds at the left apex were free from murmur; at the base, very rough and grating, especially the first. There was no pain in the chest or back. The lower extremities at times were cold and numb. Aneurism of the transverse and descending portion of the arch of the aorta was diagnosed.

On the 20th of October, 1868, Mr. Pyle caught cold; bronchial irritation, dysphagia, and vomiting supervened. On the afternoon of the 24th syncopal attacks occurred, followed by great depression, which gradually increased; and on the morning of the 25th death took place, at the age of sixty-three.

Autopsy, fifty-six hours after death.—The chest was remarkably well proportioned, and unaltered in contour, the sternum, costal cartilages, and ribs being neither displaced nor absorbed. The heart was in its normal situation, and adherent to the pericardium for the whole length of the anterior surface of the right ventricle. The left pleural cavity was filled with black coagulated blood, the left lung being collapsed and compressed against the vertebral column. The aorta, commencing immediately above the semilunar valves, and for the whole extent of the arch, was widely dilated, and fusiform in shape; while, from the left side of the thoracic portion, there was an aneurismal sac, in size equal to two large oranges, and which had ruptured near its lower portion, the laceration being about half an inch in length, and partially obstructed by a fibrinous coagulum. The parietes surrounding the rent were thin and soft. There was no erosion of the vertebræ; but partial softening of the intervertebral substances adjacent to the aneurism. The sac was about half filled with firm fibrinous coagula, arranged in concentric layers. The aortic semilunar valves were thickened, so also the mitral. The internal surface of the aorta was everywhere studded with atheromatous patches, but nowhere calcareous. The muscular tissue of the heart was soft and fatty; the liver was fatty; the lungs and the kidneys were healthy.

The following are the points of special interest in this melancholy and instructive case:—

The clearness of the history, and the distinctness of the symptoms and signs.

The magnitude of the arterial disease, and the presence of two different forms of aneurism continuous with one another—the one, situated at the arch, being of the peripheric or dilating variety, and that of the descending aorta of the lateral or sacculating.

The solution of continuity in the walls by softening and laceration, as is usual when aneurisms rupture into serous cavities.

The evidence of the former occurrence of adhesive pericarditis, in all probability at the time of the rheumatism, in January, 1867.

The exemplification of the fatty diathesis, by the extensive atheroma and coincident fatty condition of the heart and liver.

PHENIC ACID IN SYPHILIS.—Dr. Minteforte (in the Italian *Journal of Venereal Diseases, &c.*) recommends the application to syphilitic ulcers of a solution of phenic acid in water, 5 parts to 100. Dr. Fidele de Fieri extols the deutophosphate of mercury, one grain a day, continued for two months, in tertiary syphilis.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LOCK HOSPITAL.

A SUMMARY OF THE PRACTICE AMONG THE FEMALE OUT-PATIENTS DURING THE FIRST HALF-YEAR OF 1868.

(Under the care of Mr. BERKELEY HILL.)

WE published in January last a short summary for the second half-year of 1867, and we now insert a more extended analysis of the new patients who applied for relief during the first six months of the current year. Notes were taken at the visits of 378 women: 190 were single; 188 were married, or living with men as their wives. The great majority of the cases of long standing were married women, suffering with general syphilis. So far as could be ascertained, 117 married women had lost 20 children from syphilis, but in stating this we have only the mothers' account of their children's death.

Of the 378 women, 221 had general syphilis, and 157 only venereal affections of a non-syphilitic character. The ages of the patients varied between 13 and 55; the majority were under age. This does not include a few children brought with their mothers for treatment.

The duration of the disease in the 221 patients was as follows: in 104 the disease had not lasted one year, in 31 it had lasted between one and two years, in 22 between two and three years, in 18 between three and four years, and in 46 it had exceeded four years; the longest duration was seventeen years.

The course of the disease had in nearly all the inveterate cases been almost unintermitting; in a few, several months of apparent health had passed before the disease relapsed. Two women had three years' interval between the cessation of the first attack and the revival of the disease. One woman with necrosis of the nasal bones had enjoyed six years and a half of good health between the period of eruption and the disease in her nose.

Respecting the previous treatment of these patients: nearly all had taken mercury and iodide of potash at different times, under the care of various hospital surgeons. Some had taken no mercury, as they had not sought advice for their disease; one of these had rupia, and necrosis of the bones of the nose.

The symptoms of syphilis were noted in the following proportion:—*Of the external genitals:* Ulcers or ulcerated mucous patches on the vulva in 62 women; ulcers of the vagina in 6; vaginal discharge without ulceration in 12. *Of the uterus:* Irregular patchy eruption of the vaginal portion in 6; congestion without eruption or excoriation in 5; ulcers of the os uteri in 10; mucous discharge only from the cervix in 8.

The patchy red eruption of the cervix, which resembles that of the fauces in syphilis, was only seen in patients with syphilitic eruptions elsewhere. In many cases the uterus was much indurated and turned slightly forward, with the cervix contracted and the os very small. Such patients always have mucous discharge from the cervix. The thickened posterior lip of the uterus, which is by some considered to have a syphilitic origin, was present in several women, both in those who were syphilitic, and in others who had no sign of syphilis either present or past.

Eruptions on the skin.—Roseola, in 12; miliary eruption, 5; papular, scaly, 112; lepra (limited to groups of papules), 6; vesicular eruption, 6; pustular or rupial (varioloid umbilicated pustules), 28; pemphigus (an infant of six months), 1; lupoid ulcers, 2; gummy subcutaneous nodules, 2; fall of the hair, 6; disease of the nails, 2; ulcerated folds at the anus, 7.

Affections of the mouth.—Excoriations of the pillars of the fauces, 70; excoriations of the tonsils, 46; ulcers at the side of the tongue, 19; sinuous ulcers on the dorsum, 12; papular eruption on the tongue, 1. *Of the larynx* (examined by the

laryngoscope): Patches on the vocal cords, 2. *Of the eye:* Iritis, 18; choroiditis, 2. *Of the bones:* Nodes (1 on the ulna, 1 on the frontal bone, 1 on the costal cartilage), 3; caries and necrosis (9 of the bones of the nose, 3 of the hard palate, 2 of the parietal bone), 14. *Of the nerves:* Paralysis of the facial, 1; mucous patches of the concha, 1.

Treatment.—The early eruptions were treated with mercury, usually two grains of blue-pill every night, or with mercury and iodide of potash combined. The later disorders of the skin, or those appearing in exhausted patients, were generally treated with iodide of potassium, iron, and ammonia, mercury being applied by inunction if the symptoms were obstinate. The chaps on the palms were relieved by dilute ointment of red oxide of mercury, by pitch ointment, or simple cerate. Creeping ulcers of the skin were dressed with a lotion of from four to eight grains of sulphate of copper to the ounce, or with caustic solution of nitrate of silver. The affections of the genitals were variously treated. Mucous patches and erosions of the vulva were cleaned, dried, and dusted every day with powder of calomel and starch in equal weights. If the sores were fungating or spreading, they were covered at the time of the visit with dried sulphate of zinc in powder, or with caustic solution of nitrate of silver. Vaginal discharges were treated chiefly by local means. A scruple of tannin or powdered alum tied up in a pledget of cotton wool was passed at each visit through the speculum to the cervix, and left there, the patient being directed to syringe plentifully with warm water twice daily, and on the third day to pull away the cotton wool by the string left attached for that purpose; a solution of borax, of alum, or of sulphate of zinc being also used as a lotion by the patient between the visits. The uterine disorders were treated both generally and locally, and acute congestion was relieved by free purgation.

The local treatment most successful in these obstinate disorders was to pass solid nitrate of silver into the cervix for half a minute to cauterise the excoriations; the best result being obtained when the patients attended regularly every week for this application, and used an astringent lotion (five grains of tartarated iron to the ounce) every day. The affections of the throat were generally effectually relieved by inhalation of steam, with iodine or creasote vapour, and a gargle of alum or perchloride of mercury.

Of the 157 women with non-syphilitic venereal disorders, 61 were married and 96 unmarried. The duration of the disease was as follows:—In 128 it was less than one year; in 8 it was between one and two years; in 6, between two and three years; in 3, between three and four years; in 3, between four and five years; in 9 the duration was unknown. They were classified as follows:—External genitals: Ulcer of the vulva, 45; ulcer at the entry to the vagina, 14—total, 59. Vaginal discharge without ulcer of the uterus, 40; congestion without ulcer, 15; ulcer or excoriation of os, 25; discharge from os only, 14. Anus: Simple ulcer of the mucous membrane, 2. Anomalies: Warts, scabies, &c., 11. Nearly all the cases where the duration of the disease had exceeded the first year there were induration and ulceration of the cervix, many dating from the patient's last confinement; in others, causes of a non-venereal kind had produced the disorder.

The treatment of these much resembled that employed for syphilitic patients, with the omission of specific constitutional treatment. The ulcers of the pudenda were dressed with strips of lint soaked in lead lotion (or in black lotion if fungating), and laid between the folds of the labia. The acute vaginal discharges were treated with saline aperients and frequent injections of warm dilute lotions of borax. The chronic vaginal discharges were managed with alum-and-tannin plugs, and by injecting a caustic solution of nitrate of silver into a glass speculum, which was then slowly withdrawn to allow the vaginal mucous membrane to be bathed by the lotion as it contracted on the receding speculum. Between the visits the patients used strong solution of sulphate of copper, zinc, or tartarated iron, for lotions. The uterine discharges were checked by cauterising the cervix, and injecting solutions (two scruples to the ounce) of nitrate of silver into the interior of the uterus by means of a syringe with a long narrow nozzle. When the cervix was much thickened, Dr. Greenhalgh's iodised cotton passed up to the fundus often caused free purulent discharge and much diminution of the induration. In such cases pessaries of a drachm of cocoa butter containing ten grains of mercurial ointment were very useful. Oxide of zinc, borax, extract of belladonna, and opium, were also applied to the uterus in these soluble pessaries with very great benefit, especially when the anodynes were used; but their cost precluded the use of these pessaries to any great extent.

MIDDLESEX HOSPITAL.

EMPLOYMENT OF CARBOLIC ACID.

THE lotion of carbolic acid of the Pharmacopœia of this hospital is made by mixing half a fluid ounce of carbolic acid with one pint of distilled water. As an ordinary lotion, it is the most frequently prescribed, probably, of any of the lotions in common use for dressing wounds and sores, healthy or unhealthy. There is another lotion of somewhat similar chemical effect, preferred by some of the surgeons for unhealthy sores—namely, the lotion of chloride of zinc. This is of the strength of one grain of the chloride of zinc to the ounce of distilled water. These lotions, of the above-named proportions, are used, in the first case, with a view quite different from that entertained by Professor Lister, and, in the second case, from that of Mr. De Morgan, whose treatment by very strong solutions of chloride of zinc we have already referred to on more than one occasion.

We were lately shown by Mr. Nunn the result of a very simple experiment. About a drachm of pus, containing a little blood, was mixed with an ounce of water. This having been distributed, in equal quantities, in three test-tubes, to one was added a drachm of the carbolic-acid lotion, to a second a drachm of the chloride-of-zinc lotion, while the third was left without any admixture. The mouths of the tubes were lightly covered with paper, and the tubes were placed in a moderately warm situation. As might have been anticipated, the tube containing no antiseptic speedily betrayed evidences of putrefaction; but in neither of the other tubes was there any appearance of decomposition after weeks had elapsed. In the tube containing the carbolic acid, the colouring matter of the blood was acted on in a different manner from that which was to be observed in the tube containing the chloride of zinc.

The action of carbolic acid and of chloride of zinc upon albuminous fluids is analogous, if not identical. Both these substances seize on the albumen and combine with it, producing a new chemical compound having the very opposite quality to moist albumen itself—that is to say, having no tendency to undergo change. Many other salts have the same power of thus combining with albumen; but none so little objectionable as the chloride of zinc. The creasoting and kyanising of timber for railway sleepers and other situations exposed to damp and insects, has, we believe, for its object the coagulation, so to speak, of the vegetable albumen of the wood by creasote and bichloride of mercury respectively, preventing in this way the decomposition of the most decomposable constituent of the timber.

The use of carbolic acid in this hospital is, we are told, by no means of novel introduction, Mr. De Morgan having long ago employed it as a detergent; while the weak lotion of chloride of zinc was first used at King's College Hospital by Professor Partridge, and introduced into the Middlesex Hospital Pharmacopœia by Mr. Nunn.

As with all disinfectants, considerable misconception appears to exist with reference to the powers of carbolic acid. It is practically useless, if not absolutely so, to sprinkle the floor of a ward with a solution of chloride of zinc, and it is only by contact with the albuminous material that carbolic acid will act as a purifier. At the Middlesex Hospital the surgeons insist on the most careful and continuous application both by dressing and syringing. Mr. Nunn frequently orders carbolic acid lotion to be applied by means of a *modification* of Dr. Richardson's spray-producer, it being found that the spray from the unmodified instrument causes a too painful sensation of cold.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, NOVEMBER 3RD, 1868.

SIR HENRY THOMPSON IN THE CHAIR.

A REPORT was read on Mr. Birkett's Tumour of the Leg exhibited at the last meeting, in which it was stated that it was of a fibro-plastic character, and free from all conditions

of an encephaloid nature. The report on Mr. Hicks's case of Sero-cystic Tumour of the Breast was deferred.

Mr. CHRISTOPHER HEATH exhibited the first specimen, taken from a man aged sixty, affected with Cancer of the Tongue. The anterior half of the tongue was diseased, and the growth had encroached upon the mouth, especially its floor; and, in order to get at and remove it the more readily, Mr. Heath divided the jaw. The écraseur was then used. There was some smart secondary hæmorrhage. The growth was found after removal to be seated in the middle of the tongue. It was not epithelial, but probably medullary, being made up of fibres enclosing largish cells of peculiar character. The patient had progressed favourably.

Mr. HEATH also showed a large tumour attacking the upper part of the face and involving the cranium, of a young woman aged twenty-four. The case was remarkable in many ways. Eleven years since a small growth made its appearance at the inner corner of the right orbit; when it had reached the size of an almond it was removed by Sir William Fergusson. The young woman remained well for several years, when the disease returned, and reached the size of a lemon. It was again excised by Sir William Fergusson, who believed it to be a fibroid growth. Within a few months it once more developed, and in a year and a half attained large dimensions. When Mr. Heath saw the case it was clearly evident that no operative procedure was admissible. The patient had a violent fit on September 15th, just after admission to hospital, and in a very few days hæmorrhage from the ulcerated surface took place. There was no recurrence of the fit before death. The eyes were thrust out on either side: though the left was turned aside, the sight continued perfect till death; that of the right eye, much displaced, was lost last December. At the post-mortem, on removing the skull, the convolutions were flattened by a growth beneath the anterior lobes, and to which the olfactory bulbs were adherent. The optic nerves were not involved. The growth began in the right nostril; it pushed aside the septum, invaded the frontal sinuses and the right orbit, and a second growth travelled backwards through the sphenoidal fissure. The growth was somewhat between a fibroid and a lymphoma.

Mr. T. HOLMES referred to a similar case observed in St. George's Hospital, in which there was an absence of brain symptoms.

Mr. HULKE likewise referred to the same point, and bore testimony to the fact of the absence of brain symptoms in some cases in which tumours in their growth advanced into the skull. He, moreover, emphasised the importance of using caustics freely in connexion with the knife in the attempt to extirpate such tumours at an early date.

The specimen was referred to the Committee on Morbid Growths.

Dr. CHURCH exhibited a Stomach presenting a peculiar mammillated appearance, taken from the body of a woman admitted into St. Bartholomew's with symptoms of anæmia and vomiting. At the post-mortem purpuric spots were noticed on the body, which was extremely pallid. On cutting across the veins of the neck gas escaped from the cut ends. The body was still warm, though it was thirteen hours after death when the examination was made. There was a bubble of gas also in the centre of a clot in the heart, and in, more or less indeed, the blood all over the body. The interior of the stomach presented an appearance like skin affected with small-pox. The elevations were glandular, being distinctly lobulated, with a central aperture. There were a few similar spots in the duodenum. On microscopic examination, next day, of the blood, tongue, and stomach, an immense quantity of bacteria were seen.

Dr. CHURCH also exhibited an Aneurism of the Pulmonary Artery.

Mr. T. HOLMES brought before the notice of the Society a Fibrous Tumour from the Scrotum, removed from a man aged fifty-one, who had suffered for thirty-three years from the growth of a lump which he said had slowly come over the right testicle. As there was a sudden increase in its size, the patient wished it to be removed, and it was found necessary to take away the testicle in the operation. The man did well. The tumour was of a fibrous nature, with softening in the centre.

Mr. HEATH called to the memory of the Society a Tumour which he had exhibited, and in the centre of which a cavity existed. He imagined the central softening in Mr. Holmes's case was preparatory to the formation of a cavity.

Dr. BASTIAN showed two Aneurisms, one in the cerebral artery of either side. The interest in the case consisted in the symmetrical character of the lesions. The aneurismal dilatations were about the size of a large pea; one was pervious, in the other the channel was obliterated. The symptoms in February last were sudden paralysis of the left arm and the face, confusion of mind, forgetfulness of words, and difficulty of articulation. An improvement in these conditions took place, save in regard to the paralysis of the arm. Some months afterwards a second attack of similar character occurred, and the leg was paralysed. The patient died comatose in August. At the post-mortem examination, besides the aneurisms, there were other serious lesions; the oldest was in the third frontal convolution of the right side. A clot of coagulated blood existed in the upper part of the middle lobe; there was also found, on the left side especially, softening of the corpus striatum and adjoining white matter.

Dr. BASTIAN called attention to the want of symmetry in the two posterior lobes of the cerebral hemispheres as illustrated by the brain of a lunatic and those of two healthy subjects. In these cases there was a tendency to the formation of a distinct notch on the tip of the posterior lobe. He thought it worthy the attention of observers to note how far this was constant.

Dr. MURCHISON detailed the post-mortem appearances seen in the body of a man aged twenty-four, who died on the third day after admission to the Middlesex Hospital, with symptoms simulating tubercular peritonitis, in connexion with acute tuberculosis. At the post-mortem the chief appearances consisted of enormous disease in the intestines, commencing at the pylorus, and extending along the duodenum and the jejunum for two or three feet, in the form of deposit two inches in thickness, in some parts involving the coats of the intestines, and on section giving exit here and there to a milky juice. The same kind of deposit existed in other parts of the abdominal cavity, especially in the glands, which were seriously affected. The kidneys were remarkably infiltrated by the deposit, in the form of little masses the size of a small bean. In the liver the same kind of foreign substance was freely distributed in the portal canals, and surrounded the bile-ducts and the portal veins. Similar deposits were seen in the heart, the parietes of the abdomen, and the diaphragm. Under the microscope, no cancer cells were to be detected; the foreign material seemed to be of nuclear character. The interest of the case consisted in the wide-spread character of the disease. It might be regarded as syphilitic, but Dr. Murchison scarcely inclined to this view.

Dr. MOXON said against the probability of its being syphilitic was the fact that the tumours were vascular and raised. In the cases of syphiloma of the kidney hitherto recorded there existed cheesy, non-vascular matter in the fibrous cyst. The distribution of the morbid material pointed to carcinoma; it might be malignant fibroid of general distribution.

Mr. HULKE [differed from Dr. Moxon in regard to the non-vascularity of syphiloma; he had seen it very vascular.

Dr. MURCHISON did not declare the disease to be syphiloma. He scarcely agreed with Dr. Moxon that the tumours in his case were very vascular. At the post-mortem examination everyone present at first thought the disease to be cancerous till examined minutely.

Sir H. THOMPSON remarked that he should have imagined from the mark in the groin that the disease was not syphilitic.

The specimen was referred to Dr. Sanderson, Dr. Cayley, and Dr. Moxon for examination.

Mr. FAIRLIE CLARKE exhibited a Pendulous Tumour of the Prepuce, of sebaceous origin.

Mr. SPENCER WATSON brought forward a living specimen to show the sequel of operative interference in the case of a blood-cyst of the thyroid.

Mr. MAUNDER and Mr. HEATH referred to a case in which the similarity between such cases and aneurism was decided in consequence of transmitted pulsation from the artery beneath.

Mr. SPENCER WATSON showed a second specimen, one of Sarcoma of the Testicle, resulting from a blow.

Dr. GREEN exhibited a specimen of Varicose Veins of the Small Intestine.

Dr. BALLARD handed round the room a piece of bone which had been removed by a surgeon from the leg of a young woman, and which he thought was the head of the fibula.

Mr. C. HEATH said unquestionably it was not the head of the fibula; it had no articulating facets, and no epiphysis. Besides the effect of the removal of the head of the fibula would at once be apparent in the mobility of the shaft. It was a *bonâ fide* exostosis.

CLINICAL SOCIETY OF LONDON.

FRIDAY, NOV. 13TH, 1868.

SIR THOMAS WATSON, PRESIDENT, IN THE CHAIR.

THE following gentlemen were elected members of the Society:—Dr. Heywood Smith, Dr. F. R. Fairbank, and Mr. H. A. Reeves.

ASCITES.

Dr. BRISTOWE communicated nine cases of ascites in male patients, not complicated with disease of the kidneys, heart, or lungs, in all of which the ascites either underwent marked diminution or entirely disappeared during the period of treatment. One of the cases presented the characters of tubercular peritonitis, but the others appeared to be dependent on disease of the liver or of its capsule. In six cases paracentesis had been previously performed once or twice; in all diaphoretics, purgatives, or mercurials, had been given with more or less unsatisfactory results. In each patient the diminution of the ascites had occurred during the employment of a tonic plan of treatment, consisting in rest, careful attention to diet and regimen, combined with the continuous administration of chalybeates, alone or in combination with quinine. Throughout, the amendment of the constitutional state was as remarkable as the disappearance of the peritoneal effusion.

A short discussion followed the reading of the paper, in which the President, Dr. Pollock, and Dr. Davies took part.

SUBCLAVIAN ANEURISM.

Mr. C. HEATH brought before the Society a case of subclavian aneurism. The patient had suffered from an aneurism of the opposite side, which had undergone spontaneous cure. He considered the case unfit for operative interference. Were the patient in better health, the distal ligature offered the best hope of success. After referring to various remedies which might be suggested, Mr. Heath said he had brought the case forward for examination, and to elicit an expression of opinion with reference to treatment.

Dr. DAVIES referred to the good results which he had known to follow the local application of ice in similar cases. He thought it would be justifiable to attempt some operation which would be most advantageously practised with the help of antiseptics.

Dr. SANDERSON stated he found on examination that in the right radial pulse arterial pressure was diminished, and that the artery filled very slowly, results due to feeble heart action, and want of elasticity in the artery. He considered the patient's prospects most unfavourable, the more so as a systolic bruit and intermittent pulse indicated serious heart disease.

Dr. BAUMLER remarked upon the condition of the pupils as connected with the communicating fibres of the sympathetic.

Mr. BRUCE drew attention to the question of amputation at the shoulder in cases of subclavian aneurism.

Mr. MOORE would leave the patient to the chance of a spontaneous cure; and, in reply to a question from Mr. Willett, stated that he thought the principle of introducing a foreign body, such as needles passed through the aneurism, a good one.

Mr. C. HEATH, in reply, observed he had never seen any good results from the use of ice in such cases as these.

Mr. MAUNDER read for Mr. Little a report of the case referred to at the last meeting, in which the femoral artery was tied for traumatic inflammation of the knee-joint. He referred to the safety with which the femoral artery might be ligatured when not previously diseased; and to the good results which followed the operation in the present instance.

Mr. BRYANT considered the operation worthy of attention, but he thought that it would be most serviceable in the treatment of large diseases which could not be removed, such as cancers, especially bleeding ones.

Mr. MOORE approved of the treatment in this case, and referred in illustration to a case in which good results followed acupressure of the brachial for the cure of acute suppuration deeply seated about the hand.

Mr. HILL mentioned several cases in which good results had followed treatment allied to that described by Mr. Maunder.

Mr. WILLETT referred to a case showing the marked effect upon inflammation of ligature of the ulnar and radial arteries. At the same time he had seen cases like the one under Mr. Little's care, in which the patients had recovered rapidly, after letting out pus from the knee-joint, under ordinary treatment.

Mr. MAUNDER observed that he wished it to be understood that he advised the operation only in very exceptional cases.

The PRESIDENT announced that the Committee on Acupressure and Torsion would be much obliged for any facts or observations which the members of the Society might be good enough to supply them with.

[In the report of Dr. Andrew Clark's remarks at the last meeting, for "limitarians" read "unitarians."]

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, NOV. 4TH, 1868.

DR. HALL DAVIS, PRESIDENT, IN THE CHAIR.

DR. T. B. HAY, Mr. E. Fletcher, Melbourne; and Dr. G. R. Playfair, Agra, were elected Fellows.

Mr. HECKFORD exhibited the Generative Organs of a child aged ten months, in which the vagina was enormously dilated, and occupied by villous growths of a medullary character. The rectum, bladder, and urethra were normal. The os uteri opened into the upper wall of the vaginal sac. The disease had lasted for about four months, and the child died shortly after its admission into the East London Children's Hospital.

Dr. MEADOWS exhibited some Medicated Pessaries, which he believed to be more efficacious than those made with the cocoa butter. These new forms were more cleanly and more certain. The uncertainty in the action of the pessaries in ordinary use he believed to depend mainly on the fact that it was no part of the function of the vagina to absorb fat, and that the medicinal ingredients in the pessaries, being coated over, as it were, with a protective shield of the butter, passed away from the vagina without being absorbed. At his suggestion Messrs. Bell and Co. had now made some pessaries in which the basis was soft soap made into a mass, either with powdered althæa, or with starch, or with beeswax. In either of these forms the pessary would readily melt, and the ingredients were easily absorbed by the vagina. From the absence of any protecting fat, the strength of the pessary could be much diminished.

The PRESIDENT exhibited an Intra-uterine Fibroid Tumour which he had recently removed from a maiden lady, aged fifty. Symptoms of uterine disorder had existed for upwards of seven years. The abdominal tumour reached nearly to the navel, was uniform and symmetrical. Internally it was adherent to the uterus anteriorly and laterally, free posteriorly up to the fundus, where it was strongly and widely attached. After due preliminary measures, the lower third of the growth was amputated by the single-wire écraseur. The remainder was then cut into in various directions, and portions excised with curved scissors. On the fourth day the devitalised remnant was thrown off entirely, leaving the uterus quite empty. The entire tumour weighed eighteen ounces. The patient had done well.

Dr. GRAILY HEWITT exhibited a series of Pessaries, which he had for some time employed in the treatment of uterine displacements and flexion. First, a series of oval rings, a modification of Hodge's pessary, of various sizes, for the treatment of retroflexion and prolapsus. Secondly, a series of pessaries of various sizes, and of novel construction, for the treatment of anteversion and flexion. These are made from a ring, bent into a peculiar form, and termed by the inventor "cradle" pessaries. For two years he had made use of these with very satisfactory results. Thirdly, a series of stem pessaries, also of novel construction: the stem of ebonite, half an inch long, supported in its place by an oval-shaped basis of gutta percha—of various sizes, according to the size of the vagina. These he had used in the more obstinate cases of anteflexion, and for dysmenorrhœa, or sterility therewith associated, and also in certain cases of retroflexion. The various instruments exhibited were constructed on the principle of using the vagina as the basis of support, or *point d'appui*, from which to act on the uterus, and the author had found them most efficacious in dealing with various obstinate mechanical derangements of the uterus.

A YOUNG medical student, Mr. Edmund Miles, has met with his death rather mysteriously in Dublin. He was brought to one of the city hospitals at two o'clock in the morning by two policemen, who found him in the street quite unconscious, having a wound on the left eye, with extensive effusion of blood, and also a wound on the back of the head. He died in a few hours. It is stated that three men wantonly attacked him near Moore's monument, in the neighbourhood of Trinity College. His body awaits an inquest.

Reviews and Notices of Books.

The Causes and Treatment of Lateral Curvature of the Spine. By RICHARD BARWELL, F.R.C.S., Surgeon to and Lecturer on Anatomy at the Charing-cross Hospital. Enlarged from Lectures published in THE LANCET. pp. 179. London: R. Hardwicke. 1868.

THE substance of this work having already appeared in the columns of THE LANCET, it will be unnecessary for us to enter at any length into the views which Mr. Barwell entertains respecting the causes and treatment of lateral curvature of the spine. As might be anticipated by those who have taken the trouble to master Mr. Barwell's views on club-foot, the author's investigations into spinal curvature bear marks of great original thought. If not always successful in practice, his suggestions respecting the treatment of club-foot were ingenious, and the same may be said of the treatment laid down for spinal curvature.

Mr. Barwell follows the commonly received doctrine that rotation of the vertebræ precedes the actual curvature. The cause assigned for this rotation is novel, however, the author ascribing it entirely to the action of the serratus magnus, which he regards as the great muscle of inspiration, and therefore more developed on the right than the left side, and hence the frequency of right curvature. Curvatures thus produced he terms "respiratory curvatures," whilst those induced by carrying weights unduly on one side—so commonly seen in nursemaids—he classes as "weight-bearing curvatures."

Mr. Barwell runs as violent a tilt against the ordinary spinal supports as he did in a former work against Scarpa's shoes, and other ordinary appliances for the treatment of club-foot. He maintains that rigid stays tend to produce the very deformity it is sought to cure; but he appears to us to forget how much immediate comfort patients suffering from weak spines derive from firm support. The sloping seat, upon which the author lays great stress as a curative means, may be all very well for strong-backed young women, whose friends fancy they are not quite straight; but we can imagine nothing more trying to a really weak spine. Nor do we see how the sloping seat can overcome the rotation which is so important a part of the disease. Gymnastics may do much for slight cases, and this is generally allowed; but we fail to see in what respect Mr. Barwell's course is better than that ordinarily pursued, and it is much more complex. With regard to apparatus, Mr. Barwell's contrivances certainly bear the palm for simplicity, and we hope for effectiveness. We quite agree with him in believing that much too heavy and complicated instruments are sometimes forced upon patients by surgical mechanicians, who too often usurp the charge of patients, and act as qualified medical men; at the same time, our faith in the efficacy of the jean bands, braced up with the elastic accumulators which form so prominent a part of all Mr. Barwell's contrivances, is at present not very great. The difficulty in obtaining so exact a fit as to prevent all slipping must be considerable, and the constriction to the trunk cannot fail to be irksome. Mr. Barwell must pardon us in venturing to doubt the efficacy of some of his contrivances. If the apparatus for curvature is really good—and it very probably is,—it will certainly come into use; and Mr. Barwell must not mind waiting a little while for his laurels, since *magna est veritas, et prevalebit.*

Fownes' Manual of Chemistry. Edited by H. BENCE JONES, M.D., F.R.S., and HENRY WATTS, B.A., F.R.S. Tenth Edition, with nearly 200 Engravings on Wood. London: Churchill and Sons. 1868.

IT was hardly to be expected that a new system of chemical notation, whatever its advantages, would be rapidly introduced into text-books on Chemistry. Such, however, has been the case; and it is with pleasure we notice that the tenth edition of Fownes' Manual has been adapted to the system now universally employed.

But the improvements in the present edition are by no means confined to a corrected notation. The book contains some very important additions, and has increased in bulk one-fourth of its former size; in other words, it has become a volume of 1000 pages instead of 800.

The new matter is found chiefly in Parts II. and III. In Part II., which treats of the Chemistry of Elementary Bodies, many additions have been made in the descriptions of metals, especially those which have acquired increased interest from recent discoveries. Take, for example, the hard metal tungsten, which has become remarkable for its effect in increasing the hardness and magnetic power of steel. The chapter on Chemical Philosophy has been rewritten, and now contains lucid explanations of the laws of combination, and of the atomic theory.

It is, however, in Part III., on Organic Chemistry, that the greatest additions and changes have been made. They are too numerous to notice; but are all more or less dependent on the rapid growth of chemistry as a science during the last few years.

The French weights and measures have been introduced, and convenient comparative tables are given in the appendix; but we fail to find any general explanation of the metric system of weights and measures—an omission which we think might be advantageously supplied.

In conclusion, we would remark that the book in its present form cannot fail to supply a want universally felt by students—namely, that of a text-book on chemistry, of moderate size, yet including all the information that is necessary to the study of that science in its present advancing state.

On the Artificial Production of Tubercle. By Dr. WILSON FOX. Illustrated with Three Plates. London: Macmillan.

IN this handsomely got-up quarto volume, Dr. Wilson Fox gives the results of his matured observations on the origin of tubercle by the agency of direct irritation. We have already had occasion to allude to the author's views; and we must still continue to hold that a certain amount of obscurity hangs over the entire subject, owing to these facts:—1. That many animals escape from any serious effects after inoculation with indubitable tuberculous matter. 2. That it has not been satisfactorily shown that, when a morbid product is produced after inoculation, it is identical with the material introduced into the system. 3. That some animals are spontaneously affected with tubercle. And, lastly, that appearances precisely similar to those of ordinary tubercle are produced by inoculation with a variety of other substances besides tubercle. The last point, indeed, is that which has been especially worked out by Dr. Wilson Fox himself; and, to our minds, is of great weight in negativing the view of the inoculability of tubercle. However, those who are interested in the question will find it most ably discussed in this essay. We beg particularly to call attention to the beautiful drawings and chromo-lithographs of the morbid appearances by Tuson and by West, which are quite works of art, and admirably supplement the descriptions in the letterpress.

The Mechanical Treatment of Deformities of the Mouth, Congenital and Accidental. By ROBERT RAMSAY, Member of the Odontological Society; and JAMES OAKLEY COLES, Honorary Dentist to the Hospital for Diseases of the Throat. pp. 95. London: Churchill and Sons. 1868.

IN this small but abundantly illustrated volume, Messrs. Ramsay and Coles lay before the medical and dental professions their experience in supplying deficiencies in the palate artificially, and principally by the method of Dr. Kingsley, of America. Although defects in the palate have of late years engrossed much attention, and their surgery has been greatly

advanced by the labours of Fergusson, Pollock, Langenbeck, and others, it must be allowed that there are many cases unsuited for any but mechanical treatment, and any improvement in this department will be generally welcomed. The principal novelty in Kingsley's method is the use of soft vulcanised india-rubber to supply the hiatus in the palate, and this, instead of being fixed and immovable, as has hitherto been the custom, is so accurately adapted to the sides of the fissure as to fulfil, in the most complete manner, the functions of the natural palate. The records of cases of congenital malformation thus treated are most encouraging; as are also the cases given by the authors of deformities resulting from operation or disease which they have had under their care. The work is full of useful information; and as a matter of every-day utility to the practitioner, we may mention the suggestion to adapt a little flap of india-rubber to the mouthpiece of the ordinary infant's feeding-bottle in the case of children born with fissure of the palate, which prevents their sucking, from the impossibility of creating a vacuum in the mouth. Many infants thus malformed undoubtedly sink from the difficulty of feeding them; and the suggestion is one, therefore, of considerable importance.

The Ship Captain's Medical Guide. Compiled by HARRY LEACH, Resident Medical Officer of the Hospital Ship *Dreadnought*. Second Edition. London: Simpkin, Marshall, and Co. 1868.

A priori it might have been said that Mr. Harry Leach of the *Dreadnought* was the fit man to write a Medical Guide for Ship Captains under the sanction of the Board of Trade. And the execution of the work shows how good was the selection made by the Board. The directions are in plain, familiar language, and conceived in the spirit of a most wise and judicious practice of physic. We have a new feeling of confidence as we remember that this concise, simple, and good manual is to be the guide of practice on board ship.

The notable additions in this edition are an extension of the valuable chapter on the Prevention of Disease, and a list of the causes of death compiled from the list of diseases recognised by the Registrar-General.

The materia medica of the book is good. The only thing in it we see to question is a little too much leaning to large doses of nitrate of potash—from fifteen to thirty grains. Generally speaking, the doses and the directions for choosing medicines are admirably stated.

DEPOSIT OF SEWAGE MATTER ON THE SHORES OF THE MERSEY, AND THE RECENT OUTBREAK OF FEVER AT BOOTLE.

To the Editor of THE LANCET.

SIR,—In your issue of the 10th ultimo you allude to "the generation of gases on the shores (of the Mersey) for some miles along the coast" as a primary cause of the recent outbreak of fever at Bootle, a riverain suburb of Liverpool, and there can be no doubt that, under special conditions, such a result is conformable with our experience of the effects of putrefying matter elsewhere; but even in the absence of such special conditions, is not a foul condition of some miles of shore, above and below the two important towns of Liverpool and Birkenhead, a constant element in that depression of vital force which is as great an element of danger during the progress of disease as it is an ever-acting disposer to it? The Mersey drains a water-shed containing some millions of inhabitants, who are increasingly pouring their filth and excreta into the stream, which may or may not, after many days of efflux and influx, eventually reach the sea through its deltic channels; but is much more likely, if not certainly, to be deposited on the shores and sand-banks. That the evil and its operation is already recorded may be seen from the following concluding extract from my Report to the Rivers Pollution Commissioners, forwarded to them on the 30th of June last:—

"With the exception of one sewer, which debouches at the head of Tranmere Pool (a creek of the Mersey), all terminate at or near low-water mark in the river. As might be expected, the bed of Tranmere Pool is largely fouled with sewage matter; but the same contamination is more or less perceptible on the shores of both sides of the Mersey, and this pollution probably attaches to its bed and to every part of its course, save where the rocks are exposed, or the sand is kept clean by exceptional currents. Even at Hoylake, beyond the river mouth, there are deposits of a very foul character brought there by successive fluxes of tidal water, reinforced, it may be, by the dredgings of docks, &c., habitually carried out and deposited in the current or mid-stream of the river as the speediest and cheapest way of disposing of this refuse.

"I have submitted samples of the river mud to chemical examination from the shore and at low-water mark of the following places—viz., Birkenhead, Liverpool, Tranmere, Rock Ferry, and Hoylake, and have found them to be contaminated with organic matter (mostly sewage) to an extent varying from four to ten and a half per cent. All smelled offensively when warmed, and gave evidence both of ammonia and sulphuretted hydrogen. In one case examined for phosphates, the presence of them was freely ascertained.

"These facts would seem to warrant the inference that the shores of the river would materially affect the salubrity of the adjacent atmosphere, and doubtless this would be so were it not for the enormous influx and efflux of sea-water which takes place with such undeviating constancy in its lower course. In this portion the tidal-water by its solvent, covering, and antiseptic properties, does under very favourable circumstances prevent contamination; but when the protecting tide leaves the mud exposed during the summer heats, or to a hot sun, offensive and injurious gases arise to vitiate the atmosphere, and these have been felt and complained of by various people. A pollution of the river-water is very evident to those who remember its comparatively clear influx some thirty years ago, or to others who are accustomed to the natural clearness of the sea-water in places less affected by the drainage and sewage of a populous neighbourhood."

I now subjoin the results in somewhat greater detail of the examination and analyses alluded to, premising that Bromborough, New Ferry, Rock Ferry, Tranmere, Birkenhead, and New Brighton are places situate on the western shore of the Mersey, reading them off from south to north; while Aigburth, Liverpool, Bootle, and Waterloo are situate on the east shore of the river, and occupy, speaking roughly, a length of seven or eight miles. Hoylake is some dozen miles coastward from Birkenhead, but borders one of the old channels of the river.

1st sample: Sandy mud taken from shore, midway between Bromborough Pool and New Ferry, near low-water mark, and where smell was offensive. No sewer visible. It yielded of organic (sewage) matter 4 per cent.

2nd sample: Sandy mud from shore, midway between Rock and Tranmere Ferries, near low water, and where smell was offensive. No sewer near. It gave of organic (sewage) matter 5 per cent.

3rd sample: Filthy black mud from middle of Tranmere Pool, and where smell is very bad. It gave of organic matter 9·5 per cent.

4th sample: Woodside (Birkenhead). Sandy mud from point near luggage-bridge of landing-stage, midway between outlet of two sewers, each about 150 yards distant taken at low-water mark. It gave of organic matter 10·5 per cent.

5th sample: Mud at Aigburth shore presented same character as above, but was not chemically examined.

6th sample: Mud taken from shore under No. 3 bridge of Prince's landing-stage, Liverpool, at low-water mark, and where it smells badly. No sewer outlet visible near. It gave of organic matter 6·3 per cent.

7th sample: Mud from shore of Waterloo showed same characters as above, but though chemically examined, the results have been mislaid.

8th sample: Mud from banks at low water, Hoylake, and where odour was offensive. It gave of organic matter 5·4 per cent.

As the westerly winds prevail in this locality, Bootle and Liverpool must be affected more by these emanations than Birkenhead; but no part in the vicinity can entirely escape some injurious effect. The vitiation of atmosphere constantly going on in towns renders it all the more imperative that the circumjacent air which is to dilute it should be pure, especially on that side whence the prevailing winds do blow.

I am, Sir, yours truly,

C. O. BAYLIS, M.D.,

Birkenhead, Nov. 10th, 1868. Birkenhead Medical Officer of Health.

THE LANCET.

LONDON: SATURDAY, NOVEMBER 28, 1868.

THE matters in dispute between Dr. REITH and his colleagues of the Aberdeen Infirmary have been the subject of discussion at a special general Court of Managers of the above institution. The Managers unanimously adopted the following resolution:—

"That this meeting, while regretting the unfortunate divisions which exist among the medical officers as disclosed by the correspondence before them, do not think it necessary to pronounce an opinion at present upon the professional questions therein involved, leaving it to the Quarterly Court, when the staff falls to be elected, to deal with the whole matter if it then appear advisable."

Dr. REITH has written a pamphlet on the nature and value of homœopathy, with an appendix by Dr. D. DYCE BROWN. Dr. REITH'S views may best be judged by this pamphlet, though something will depend on the exact form his eclecticism—for he objects to being called, in the old sense, a homœopathist—has taken in the infirmary.

The first thing we have to say is to express our disappointment with Dr. REITH'S pamphlet. We had hoped from the general character he bears, and from the somewhat pretentious tone of his preface, for something, if not forcible, at least original. But the pamphlet is a dish of, in Scotch language, "cauld kale," very poorly warmed up. Dr. REITH'S preface is in a threatening and self-satisfied style—in the style of a lion that has been teased in the recumbent position, and has borne the teasing magnanimously, but is not going to bear it any longer, and getting on to his feet, and shaking his mane, feels sure he will soon make his enemies rue the day that they roused him. This lion-like style is not bad when it is well sustained. All we say is that Dr. REITH'S preface would have been in better taste and more appropriate if it had been a little more modest. With the pamphlet itself we are quite disappointed. We expected that Dr. REITH would have tried to show the therapeutical value of homœopathic medicines in the way in which all good medical observers now are trying to demonstrate the value of drugs—by a strict report of cases, in which the effect of drugs upon symptoms, and the issue of the case, would be clearly made out, and the names and doses of the drugs would be specified. Not so. He has nothing more for us than the evidence of statistics, the fact that many people and some medical men believe in homœopathy, and the testimony of some opponents of homœopathy. In addition to these arguments, he rakes together every disparaging thing that has been candidly said by medical men, and abstains from admitting the enormous value of many recent improvements in medical practice. It would be quite possible to adduce counter-statistics to set against those of Dr. REITH. Dr. BENNETT'S 105 cases of uncomplicated pneumonia without a death is a success which no homœopathic treatment has realised. A similar success is reported—not in Dr. REITH'S slipshod, follow-my-leader style, but strictly and minutely—by Dr. WATERS, of Liverpool. We cannot believe that Dr. REITH does not know the vulgarity of the use of huge figures as an argument on fine scientific points; or the unfairness of comparing the mortality of London hospitals generally with the London Homœopathic Hospital, where grave surgery is probably not attempted, and in which, in the present state of public opinion, serious disease is likely to be less frequent than in general hospitals. As for the argument that many people and some medical men believe in homœopathy, what is there in the wide world that many people and some medical men don't believe in? and what can the value of this fact be when set against the greater fact, that most people and nine-tenths of medical men regard homœopathy as downright nonsense? Then as for the admissions of opponents, these opponents remain utter unbelievers in the system which Dr. REITH wishes to have recognised in the Aberdeen Infirmary. His argument may please that unthinking portion of the public which does not know how easily statistics are made to bear out any preconceived conclusion; but they will have absolutely no weight with medical men. Besides this, there is in his pamphlet a misrepresentation of regular medicine, which we believe that at his leisure he will regret having written. It is a poor and unsatisfactory mode of vengeance to say all that is calculated to disparage one's own profession, and to leave unsaid so much that can with perfect candour be said of its growing efficiency as an art, and the growth of a scientific spirit in its members. The personal experience of Dr. REITH figures very slightly in his pamphlet. It includes a case of pneumonia that had been very badly treated by what he most unhandsomely calls "the regular system." He knows that there is no sanction in the schools now for "freely bleeding, blistering, and purging" pneumonia; but, writing for the public, he is unfair enough to speak of this as the regular system. His experience also includes the mention of the cure of his own periodical headaches; cases of choleraic diarrhœa, concerning which he says that Sir THOMAS WATSON'S and Dr. JOHNSON'S treatment of cholera is rough homœopathy; a considerable number of cases of enteric fever and dyspepsia. No particulars are given, and no cases are related. Inflammatory diseases were found by Dr. REITH very amenable to his homœopathic experiments—not more so, we presume, than pneumonia to Dr. BENNETT'S, though, according to the testimony of some homœopaths, it is a wonder that there is any death left in the world at all.

We must do Dr. REITH the justice of saying that he perceives many of the absurdities of homœopathy. He says candidly "there is undoubtedly a great deal of nonsense in homœopathic writings. Even HAHNEMANN himself has written much to repel an inquiring mind. There is a body called the pure HAHNEMANN school, the tenets of which are certainly repugnant to every rational feeling. With this school no sympathy can be had. ..... HAHNEMANN'S theory of dynamisation or potentisation has now been justly abandoned by his followers as untenable.....I never give globules now, nor would I think it right to do so."

Though the infinitesimal system is practically abandoned, according to Dr. REITH, he is in great love with what he considers the essence of homœopathy—like cures like. His language on this point is not very philosophical. After saying that *homœopathy is as much a natural law as the ordinary physical laws of the universe*, he says it is not applicable to every disease, nor has it any influence on organic mischief.

What would be thought of a physical law that would not universally apply? If apples took it into their head to rise sometimes instead of falling, it would be rather awkward for the theory of gravitation; and yet we have Dr. REITH asking us on the strength of a few casual facts, the bearing of which is quite doubtful, to respect the principle of *similia similibus* as we do an ordinary physical law. He surely does not think any material section even of the public likely to be influenced by talk like this.

The question remains, Has Dr. REITH presented homœopathy in any such new or respectable light as to entitle it to a different treatment at the hands of the Managers of the Aberdeen Infirmary from that which it has always received? Certainly not, is our answer. We have given him credit for perceiving the most absurd features of the system, which have been felt to be untenable by the school itself. Dr. REITH himself says of the essential principle that it is not of universal application. It is only applicable to some cases. It has not any influence on organic mischief. The simple fact is that homœopathy as a system and a principle has broken down by Dr. REITH'S own showing, and yet he after a fashion adopts it, and sets it in invidious comparison against rational and scientific medicine as now taught and practised by leading medical teachers. Moreover he misrepresents modern scientific medicine. This is an ethical offence. Dr. REITH shows in his pamphlet no appreciation of the recent drift of therapeutical improvements. All, for example, he says of the allopathic treatment of peritonitis is that Dr. WILKS has said he would prefer to be left alone with it; though the best physicians believe that in this disease we have a most valuable medicine in opium, which surely has no homœopathic relation to the malady. He has no praise for a remedy that has greatly extended life in phthisis, or for the discovery of the use of bromide of potassium; or for our improved treatment of acute diseases; or for the improved treatment of inflammation of the serous membranes; or for our treatment of diathesis as well as disease. Dr. REITH may be right, and those who believe in rational medicine may be wrong; but he has too openly allied himself with those who have misread true medical science, and abused those who practise it; and in the interest of peace and good feeling we think that he should either confess his mistake, or have a homœopathic hospital for his own use in Aberdeen. There is an ethical element in his conduct which is rarely associated with sound scientific views.

WE have frequently had occasion to point out the great pretensions and the miserably weak performances of that mythical and practically irresponsible department of the Government, the Poor-law Board. At the present moment its actions are attracting unusual attention, and it is doing its best to demonstrate how completely the objects of a well-intentioned measure passed unanimously by Parliament may be frustrated by the obstructive and despotic tendencies which, since the retirement of Mr. GATHORNE HARDY from Gwydyr House, have been permitted to prevail.

Under existing influences the very spirit of the Metropolitan Poor Act would seem to have undergone a change. As introduced by Mr. GATHORNE HARDY, it was beneficent towards the poor, fair towards the medical profession, and just towards those who have to pay the rates. In the hands of the Poor-law Board it has become an instrument of despotism, unsatisfactory to the deserving poor, unjust towards the medical profession, and so oppressive to the overburthened ratepayers as that the guardians are in open rebellion against the orders of the Board. Thus Mr. HARDY proposed to establish asylums for the insane and imbecile, in order to relieve the workhouses of thousands who had obviously no right to be therein detained. In order to gain still further room, he proposed to remove the children, and to unite unions into districts, that the various workhouses might be occupied by separate classes. He estimated the cost of the imbecile asylums at £100,000; the small-pox and fever hospitals at from £50,000 to £70,000; the additional schools at £70,000; and he believed that he might have to provide additional accommodation for 2000 sick, which, at the estimate of £60 per bed, would be £120,000 more. Whilst advocating the complete separation of the sick from the able-bodied poor, and placing them under entirely distinct management—a proposal with which we most cordially agree,—he spoke very strongly against the erection of large hospitals, and clearly never contemplated the erection of a series of magnificent sick asylums in every district of the metropolis, such as those which are now insisted upon by the Poor-law Board. But, said Mr. HARDY, cannot anything be done to diminish the number of the sick who, through want of care and attention at the proper moment, are reduced to giving up their homes and resorting to the workhouse sick wards, there to remain a burden on the ratepayers for the rest of life? He expressed his utter want of confidence in the present medical arrangements. He described the unsatisfactory manner in which prescribing for the poor was done. He thought it unreasonable that the medical officers should be called upon to pay for drugs, and he proposed the introduction of the dispensary system, and placed its cost upon the common fund. It was then confidently anticipated that sufficient provision would easily be made for the able-bodied paupers, by appropriating to their use certain workhouses which were altogether unsuitable for any other class.

A year and a quarter has now elapsed, and what has taken place? The asylums for imbeciles and the hospitals for fever and small-pox are all in progress, and will cost more than three times the estimate which Mr. HARDY made. It is to be hoped that they will relieve the workhouses to the extent proposed. The estimate for schools and hospitals has been equally exceeded; and the Holborn ratepayers, instead of finding the expenses of the Act to be paid by a rate of two-thirds of a penny in the pound as promised, are threatened with fourpence in the pound for thirty years to come for an infirmary alone. But with respect to the main feature of the Act, which was intended to obviate the necessity for these enormous hospitals, absolutely nothing has been done. When the Irish Dispensary Act was passed, it was reported within a year by the Irish Poor-law Board that the whole country had been divided into districts, that committees of management had been appointed, that regulations for uniform administrations had been issued, and that the system was universally at work. The power conferred on the English Poor-law Board is couched in the very same language; and yet, after the same period and in the limited space of the metropolis, no districts have been formed, no managers elected, no regulations issued, and not a line of ministerial promises or parliamentary instructions has been carried out.

The report of the meeting of the guardians at Bermondsey, to be found in another column, presents a fair specimen of the course which has been pursued throughout the metropolis. A circular letter was issued to the guardians in August, 1867, not ordering the execution of the law, as the Board had power to do, but simply requesting the views and suggestions of the guardians. These gentlemen had no experience on the subject, and no opinions of their own to offer. At Kensington they illegally converted the medical officer's surgery into a dispensary, and proposed to pay him for the drugs. At St. George's, Hanover-square, they have made a bargain with a chemist, and are waiting instructions how to carry out the law. In many instances the consideration of the letter was indefinitely postponed; and at Bermondsey the guardians referred the question to their own medical officers, who were probably as ignorant as themselves as to what was expedient to be done. At St. Pancras the dispensary is built and the surgery provided; and the guardians await the orders of the Poor-law Board to elect their managers and make new arrangements with the medical officers employed. Everywhere active improvements have been stayed, and applications for increased salaries postponed; and such is the mistrust engendered, that although at first the guardians were prepared to act in accordance with the law, they are now suspicious of its ulterior effect. They are discussing a question which Parliament has itself determined, and judge it by the narrow and false economy of the existing miserable system. The executive of the law becomes contemptible, because it is either incompetent or unwilling to carry out the instructions it has received. Both guardians and ratepayers are fairly up in arms. The guardians of Holborn, St. Luke's, and Clerkenwell have mutinied. At Shoreditch a public meeting has been held at which more than a thousand ratepayers were present, together with representatives from Whitechapel, Hackney, and Bethnal Green; and it is evident that the good of Mr. HARDY'S Poor Act is likely to be frustrated by excessive zeal, and by the neglect of its most important clauses. We trust that some member of the new House of Commons will call attention to the subject. It is time indeed that the operation of the Poor-law system should be thoroughly revised, and that the acts and constitution of the Poor-law Board should become the subject of serious deliberation.

IN the present state of science, it is a privilege almost peculiar to practitioners who deal chiefly with the female pelvic organs to find themselves utterly at variance with regard to the simplest matters of fact. Our readers will remember the controversy that raged, soon after the appearance of Dr. HENRY BENNET'S work on Inflammation of the Uterus, with regard to the importance that should be attached to ulceration of the cervix, and with regard also to the moral questions involved in the general use of the speculum. The tendency of our age is to soften down differences, and to check harsh language in those who are unable to agree. The philippics which were once delivered against the speculum, its employers, and even against its hapless subjects, have no place in the serene atmosphere of modern medical life. But, in the calm and decorous way that alone is now recognised as fitting, the Obstetrical Society has recently been torn by conflicting views on a question which, if special experience be worth anything, and if the statements of these particular specialists may b accepted as trustworthy, ought to be set at rest in a week. We have already reported the papers read by Dr. TILT and Dr. MEADOWS, as well as the first and the adjourned debate upon them. And the result seems to be that the opposite views advanced have been but little modified by discussion. Some practitioners of eminence teach that, as a rule, uterine congestion, inflammation, and pain, are phenomena consecutive to flexion or displacement; and that they are to be relieved chiefly by rectification of abnormal position. Others teach that flexion and displacement are phenomena often produced by childbearing, by marital intercourse, and by inflammation; that they are of little consequence; and that when inflammatory action has been subdued they cease to be sources of discomfort. We fail altogether to see any real incompatibility between these opinions. Abundant evidence has been adduced in favour of both; and impartial observers can only remain in doubt with regard to the relative frequency of one or of the other sequence of events. It is quite unnecessary to dilate upon the conditions which, in one patient, may render a flexion harmless; or upon those which, in another, may render it a source of irritation to neighbouring organs, or a mechanical cause of congestion that may in its turn produce further mischief.

The fact really is, that the assigned differences of opinion upon the question nominally at issue are, in some degree, stalking horses for differences of another kind. Just as in the old days of the speculum controversy, but in a manner more discreetly veiled, the real matter of dispute is the propriety, or at least the desirableness, of frequent digital and instrumental interference with the female genital organs. Practitioners who are much consulted about the diseases of these organs know full well the peculiar mental and moral effects that are produced by the constant direction of the attention to them. There is much reason to believe that, in very many instances, morbid uterine sensations are simply intensified and maintained by local treatment, of whatever kind; and there is a strong and growing feeling, particularly amongst country practitioners, that all uterine specialists are not unmixed benefactors of the human race. There is a growing belief that, in a majority of ailing women, there may be found sufficient flexion, or displacement, or congestion, or tenderness, or ulceration of the uterus, to furnish grounds for the employment of local means; and that these means often do more mischief than good. On the other hand, it is perfectly beyond question that many women, with real and serious uterine ailments, suffer much unnecessary pain and distress so long as local treatment is neglected, and are speedily restored to health and comfort when it is used. On the whole, we lean to the opinion that cases of the latter kind are outnumbered by the former. We incline to the belief that for every woman who is greatly relieved, or altogether cured, there will be others who leave the hands of the uterine specialist in much the same state as when they went to him, except—and the exception is important—that they have become accustomed to think perpetually about their genital organs, and to have them examined and manipulated. The old scandals of the early days of the speculum, or rather of the early days of its reintroduction to common use, must not be permitted to return as a result of "flexions." These scandals became the subjects of whimsical exaggeration, and injured the profession in the eyes of the public. Worse than this, they were the means of placing diffi-

culties in the way of the local treatment of cases that absolutely required it. Time has rectified whatever needed rectification in these particulars; but we fear there is now some risk lest cases of flexion and displacement may, in their turn, furnish examples of the *nimia diligentia*. We would very strongly urge, with regard to the sound and the pessary, the famous question that Lord MELBOURNE was wont to ask with reference to political activity: Cannot you leave it alone? If the doubt were in every case, "Is not this an instance in which local treatment may be dispensed with?" rather than "Is it not one in which local treatment may be used?"—we are sure that there need be no neglect of any patient requiring it; and at the same time there would be less of the dissatisfaction which is now somewhat widely felt, and not altogether uncalled for, at the prominence given by some specialists to trifling variations in the condition of the uterine organs.

IN a recent annotation we alluded to the separation of a peculiar crystalline substance by MM. BERGMANN and SCHMIEDEBERG from pus, to which they applied the name of "sepsin," and which appeared to possess the active power of decomposing or putrefying substances. The subject has been taken up by Prof. Dr. H. FISCHER of Berlin. Its great interest, and the importance of fresh light, however small, being thrown upon it, lead us to give a *résumé* of his experiments.

Dr. FISCHER remarks that if healthy pus be allowed to putrefy, after a short time, varying from five to seven days, it acquires a pungent odour from the development of volatile fatty acids, especially of butyric acid; the protoplasm of the pus-corpuscles becomes very granular, and the corpuscles form a sediment in the vessel, covered by a yellowish turbid serum of acid reaction. In the course of a fortnight the corpuscles break up, the smell changes to that of old cheese, the reaction becomes alkaline, a granular detritus is deposited, and the supernatant fluid becomes a troubled brownish juice. If small quantities of putrefying pus, as one drop, be subcutaneously injected into rabbits in the stage of its acid reaction, it is found to possess intensely poisonous properties, indicated by fever, collapse, choleraic stools, albuminuria, and death in from twelve to twenty-four hours. Post-mortem examination exhibits congestion of the alimentary mucous membrane, swelling of the mesenteric glands, inflammation of the substance of the liver, spleen, and kidneys, and bronchitis. The ecchymoses in the sub-pleural and sub-endocardial connective tissue described by BERGMANN are scarcely ever found in this mode of introducing pus into the system. Exactly similar appearances are produced by subcutaneously injecting pus during the first week or two of its alkaline fermentation. But from the seventh week onwards the septic power gradually diminishes, till at the expiration of about the fourteenth week it altogether fails. The effects of the thick *pus laudabile* of connective-tissue suppuration are much more energetic than those of pus derived from the thinner fluid of cold abscesses. Admixture with blood increases the septic agency of putrefying pus. Elevation to a boiling temperature materially enfeebles the septic power, and if long maintained altogether abolishes it. If putrid pus be diffused through a membrane into pure water, the latter acquires the septic property; but from one-half to twice the quantity is required to be subcutaneously injected in order that the same effects should be produced. The longer the process of diffusion is allowed to continue through the membrane, the weaker is the action of the diffused fluid. When pus which has been allowed to putrefy for six weeks is diffused, although it possesses a septic power itself, the diffused fluid no longer possesses that power.

M. FISCHER then gives the details of a series of chemical investigations, in the course of which he obtained an albuminous substance that possessed no septic properties, and a non-nitrogenous material which crystallised in needles, and which consisted of several distinct compounds, none of which possessed septic properties. He was unable to obtain the active sepsin crystals described by BERGMANN and SCHMIEDEBERG; but he concludes, as the general result of his investigations, that there are several putrid poisons in putrefying pus, of which some are diffusible through membrane, and some are, so to speak, colloidal or non-diffusible; and although there can be little question that the active principles are bodies possessing distinctive characteristics, yet, in consequence of their destructibility by chloride of platinum, corrosive sublimate, and absolute alcohol, no means are at present known by which they can be isolated.

Medical Annotations.

"Ne quid nimis."

THE MINUTES OF THE COUNCIL OF THE COLLEGE OF SURGEONS.

ANYONE who may have taken the trouble to walk into the vestibule of the College of Surgeons during the past week may have gratified his curiosity by perusing the first specimen of "published minutes" of the Council of the College. Suspended from a nail, after the manner of an auctioneer's catalogue, were three sheets of "foolscap" (*absit omen!*), containing such minutes as the President approves of the Council meeting of the 15th of October. If our readers will refer to THE LANCET of October 17th, they will find there a report of all the business of this meeting which can interest them,—namely, the election of Mr. Busk as an examiner in place of Mr. South, and the appointment of Mr. Hilton as an examiner in dental surgery; also the fact that the Council had resolved to give this very small amount of tardy official information. By going to the College they will have the opportunity of reading, in addition, that the Council has solemnly dismissed its head carpenter; that it has scratched off the name of a recusant member resident in Australia; that it has received a communication anent vaccination from the General Medical Council, and has resolved to receive certificates of instruction only from recognised teachers of that art; and that it has given Mr. South permission to refer to its minutes with a view to some historical exercise upon which that gentleman is engaged.

In THE LANCET of October 24th, we fully discussed the proposed publication of minutes, and showed how a more liberal proposition had been negatived by a majority of the Council. Anyone may now read for himself the proposition which was carried, and the amendment which was rejected; but he will *not* find recorded either the names of the proposers and seconders of the propositions, or the numbers and names of the voters on each side. Another Council meeting has necessarily taken place, in order that this authorised edition of the October minutes should be put forth. It took place on the 12th inst., and a summary of the proceedings will be found in THE LANCET of the 14th inst.; but we may expect the official announcement somewhere about Christmas—with the pantomimes!

THE HONOURS EXAMINATION IN MEDICINE AT THE UNIVERSITY OF LONDON.

IF there be one thing for which the University of London is entitled to praise, it is the character of the examinations which it imposes on the candidates for its medical degrees. And if there be one feature of these examinations which pre-eminently deserves approval, it is the strictly *practical* character of the tests which are applied to the student; in fact, to the University of London is chiefly due the general tendency now shown by other examining boards to introduce clinical examinations, microscopic specimens, &c., which it is impossible for the ignorant pretender to deal with successfully. That practical character was most fully maintained in the papers set at the recent examinations; although a contemporary has fallen foul of one special paper, that for honours in Medicine. It is mentioned, as an offence against the principle of making the examinations practical, that the candidates for honours in Medicine were asked the following questions, among others: 1. "What are the ascertained facts with regard to the hereditary transmission of disease? Illustrate the influence which a knowledge of these should exert upon education, hygiene, the diagnosis, prognosis, and treatment of disease, and also upon life-assurance." 2. "Give a full account of the disease known as cerebro-spinal meningitis." We cannot understand the condition of mind which could judge these questions to be unpractical. The candidate for honours at the M.B. examination of the University of London ought to be dealt with as an aspirant for the higher ranks of the profession—as, in fact, he usually is; and to a man about to fill such a situation, we can hardly imagine any two subjects more eminently practical than those of hereditary tendencies to disease, and cerebro-spinal meningitis. A student who, at the period when men usually come up for the London M.B., has remained so dull and so unintelligent that he has not troubled himself to gather information upon a subject which, like the hereditariness of disease, will cross him at every turn in practice, or, like cerebro-spinal meningitis, offers a problem of extraordinary interest, the solution of which will probably throw a flood of light on the pathology of acute disease, is certainly not worthy to be stamped with the honours mark of the London University.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

AT the meeting of this Society on Tuesday night a paper was read by Dr. Althaus relating a case which is probably unique. The patient suffered from complete loss of function in the whole of the fifth nerve on both sides; and has derived sufficient benefit from the continuous galvanic current to encourage the hope that he may be eventually restored to some degree of comfort. As one evidence of his pitiable condition, and of the completeness of the facial anæsthesia, it may be mentioned that once, when attempting to light his pipe, he set fire to the tip of his nose, and only discovered the accident by the sound occasioned by the combustion; this induced him to look at himself in a mirror, and he saw that his nose was burning. The case is highly important, as furnishing experimental evidence tending to settle more than one doubtful question in nervous physiology and pathology, and it led to a most interesting debate, which, with an abstract of the original paper, will be given on a future occasion.

At the close of the meeting the President called attention to the paucity of papers now ready, and urged upon the "working bees" of the Society that they should "put their shoulders to the wheel" to contribute more. There seems to be here a slight confusion of metaphors; but we hope the appeal will not on that account be less successful.

THE HEALTH OF TROOPS ON SHIPBOARD.

IT appears from the lately published Army Medical Blue-book, that the mortality by miasmatic diseases was exceptionally great among the troops proceeding to India; the fatal diseases being cholera and typhoid fever. The first occurred on board two ships from Gravesend, the last on board two ships from Ireland.

The *Windsor Castle* sailed from Gravesend for Kurrachee, on the 11th of July, with drafts chiefly of Royal Artillery. Cholera was at the time prevalent in England. It soon broke out on board, and twenty cases occurred; of which four died between the 22nd of July and the 18th of August. There were also four deaths among the women. The *Lord Warden* sailed also from Gravesend, with drafts for Madras, on the 13th of September. Three days after her departure cholera broke out in a detachment of the 24th Foot, which had come from Sheffield. Fourteen cases occurred on board; and five soldiers, one woman, and two children died between the 26th of September and the 26th of October. There seems every reason to believe that in both these instances the disease was brought on board by the troops, and was not due to any local cause connected with the vessel.

Of the nine deaths by fever, four took place on board the *Golden Fleece*, with detachments from Portsmouth and Queenstown to Hong-Kong. Twenty cases of fever are reported to have occurred during the voyage; of which fourteen are returned as continued, and six, with four deaths, as typhoid fevers. The first of the typhoid cases was admitted on the 20th of December, four weeks after the embarkation; and the last on the 14th of February. The cause of these cases could not be satisfactorily traced; but it was believed to be local.

In the case of troops returning from foreign service, cholera broke out on board one ship only, the *Durham*, conveying the 80th Regiment from Bengal to England. The corps had been quartered at Chinsurah, where cholera was prevalent. The first fatal case occurred thirteen days after the embarkation of the men. There were in all seven cases and five deaths.

THE NEW NOMENCLATURE OF DISEASE.

WE very much regret to hear a report that the Treasury has declined to sanction the gratuitous distribution of copies of the New Nomenclature of Disease to the medical profession throughout the country. After all the labour bestowed on this work by the College of Physicians the conclusion thus arrived at—assuming the truth of the rumour referred to—is in every way to be deplored. The preparation of the nomenclature reflects the highest possible credit on Dr. Sibson and his able *collaborateurs*, who we had always thought were acting in concert with the Government departments connected with the registration of the causes of death, and thereby were secured against any difficulties in regard to the ultimate distribution through those departments of copies to the profession. We hesitate to believe that what, so far as we can judge, was evidently a tacit understanding as between the College and the Registration departments has been summarily repudiated by the Treasury, and in the absence of any authoritative statement to that effect, we refrain from further comment for the present.

THE PRINCE OF WALES' SURGEONS.

ON Sunday last the town was placarded with announcements of an accident to the Prince of Wales, which, fortunately, turns out to have been of a very trivial nature. Supposing for a moment, however, that it had chanced to have been of a serious character, it would have been advisable, if not essential, that one of his own surgical staff should have been telegraphed for to give his attendance. It might have happened that Mr. Paget's services would have been unattainable from his absence from town on a professional engagement, and Mr. Pollock, who has, to the regret of his friends, been for some little time unfitted for active duty, would not have been able to undertake a long and hurried journey. Under

these circumstances would the advisers of royalty have fallen back upon the "*extra* surgeon-in-ordinary," with whom their counsels have hampered the Prince? and if so, would the nation, to say nothing of the profession, have ratified the choice? We are not asking, let it be understood, for any increase in the Prince of Wales's household. If both his surgeons were unfortunately *hors de combat*, there are plenty of able men who might be summoned on an emergency, and who could well represent British surgery at any Court in Europe. But if an appointment means anything, the recent appointment of *extra* surgeon-in-ordinary is supposed to provide the Prince with a gentleman who can be called upon to act when the other surgeons-in-ordinary are absent, and in any way the result could not fail to be a regrettable one. Either Dr. Clayton must be ignored, and a surgeon of eminence be selected over his head, or a gentleman utterly unknown in the surgical world, and who could in no way command the respect of foreign surgeons of distinction, would be entrusted with duties at once most delicate and important.

THE NURSING AT DEVONPORT WORKHOUSE.

THE guardians are apparently extremely reluctant to place the nursing of the Devonport Workhouse on a proper footing. Notwithstanding the earnest protest of Mr. Swain, the woman Pearce has been retained in the situation of head nurse, although pronounced by the master—surely the best judge of her capabilities—as incompetent for the post. The pauper women who act as night nurses are to be relieved from work in the afternoon before going on duty, and until 12 o'clock the day following. It would appear from the proceedings that women appointed as nurses are discharged without the knowledge of the guardians; and as it is ordered, for the future, that the cause of removal shall be made known, we may confidently expect some curious revelations. The fact is, the responsible duties of a night nurse in an hospital where deaths are occurring weekly ought only to be entrusted to a paid and trustworthy individual.

THE ABERGELE CORONER.

WE congratulate Dr. Evan Pierce on the high estimation in which he is evidently held at Denbigh, where he has now been elected mayor for the third year in succession. Remembering the adverse criticism of which, as coroner in the melancholy catastrophe at Abergele, Dr. Pierce was the subject, it must be peculiarly gratifying to him to receive so complete a proof from his fellow townsmen of their satisfaction with his conduct of that most difficult and painful inquiry—a satisfaction, we are glad to believe, that is now universally entertained.

THE MEDICAL SOCIETIES AT BIRMINGHAM.

BIRMINGHAM has two medical societies: the Midland Medical, and the local branch of the British Medical Association. The former has been in existence for some twenty years, and was originally known as the Queen's College Medico-Chirurgical Society; but about nine years ago it ceased to meet at the Queen's College, and started on a new basis under its present name, having for one of its chief objects the formation of a medical reference library. Unhappily this most praiseworthy task has not been accomplished, and the Society has only been able to collect a few books and maintain a medical reading room. It is now in contemplation to unite the Midland Medical Society with the Association branch, and thus to concentrate all the strength of the district in working a single society. It is proposed to increase the branch meetings by the addition of extra evening meetings, for the convenience of those who cannot attend the ordinary afternoon meetings, and to give greater facilities for the exhibition of pathological specimens—a feature which has been especially cultivated by the Midland Medical Society. We understand that, should the amalgamation be effected, an effort will at once be made to initiate the formation of a medical library. The income hitherto contributed to support a second Society, as well as the books and periodicals already collected, would no doubt be given to aid the movement; and it is to be hoped the profession in the district will contribute generously to meet a want which has been long and keenly felt. It is scarcely creditable that Birmingham, with its great medical school, its hospitals, and numerous physicians and surgeons, should have so long been unable to supply the prime need of every student. London and Edinburgh have hitherto had to furnish from their libraries books which ought to be easily accessible to every practitioner in the Midland district.

POOR-LAW HUMANITY AND JUSTICE.

A FAIR specimen of Poor-law humanity and Poor-law justice has occurred at the village of Branston, four and a half miles from Lincoln. A pauper named Dowman was attended by Mr. Branthwaite, the district medical officer, under an order of the relieving officer. He was suffering from disease of the knee-joint, for which he had been twice in a London, and once in the Lincoln, hospital. When amputation became indispensable he refused to be removed from home, and Mr. Branthwaite, having complied with the regulations of the Poor-law Board, successfully performed the operation, and sent in his bill. To his astonishment he received a letter from the board of guardians, complaining of the great expense incurred to the Union, and stating that the man ought to have been sent again to the Lincoln hospital, to which the guardians are subscribers. The question was referred to the Poor-law Board, who expressed their opinion that the medical officer should not, as a general rule, undertake an operation of a serious character without first giving to the guardians notice of the course proposed to be adopted. This monstrous opinion bears the signature of Mr. Fleming. Why, indeed, should not a poor man be permitted to have an important operation performed by the medical officer in attendance, in whose judgment and skill he has confidence? And why should he be compelled to go, against his will, into a public hospital, especially when the law affords him attendance as a right at home? Why should he be forced to leave his family and friends, who are most competent to be his kind and loving nurses, and to go into an institution of which he has already had experience and from which he has derived no benefit? And with respect to the medical officer, where is the law to limit the performance of his duties, as Mr. Fleming would infer, or to compel him to consult the guardians as to the course it is his duty to pursue? It is well known that operations may be as well performed in an isolated cottage as in a crowded hospital, notwithstanding the practised skill and combined judgment of its staff. Moreover, it was the bounden duty of the medical officer to consult the feelings of his patient, as an element which might determine the issue of the operation.

TYPHOID AT NORTH SHIELDS.

THERE is nothing so unintelligible as human nature. Coroners' inquests have been devised for the most searching investigation into the cause of death in cases where this is at all doubtful. One death, if at all unexplained, would be occasion enough for a learned coroner and at least a dozen jurymen meeting to consider the facts. Last week we informed our readers that 56 deaths have lately occurred from fever in North Shields; and from the various accounts we have published of the disease it is very moderate to compute that 1000 people have been ill, out of a population of about 35,000. Yet, excepting from the busy practitioners of the town, and families actually suffering, there is little to be gathered about the disease. There has been no coroner's inquest over any one of the 56 deaths, and the illness of a

thousand people does not seem to have occasioned much anxiety. It would take an alderman's death, or a town clerk's, to startle the authorities into an inquiry worthy of the occasion. Mr. Hawksley inspected the waterworks a fortnight since, but hitherto his report has not transpired. There has been no investigation by the Privy Council, so far as we know, though the outbreak is far more serious than the one at Guildford, which Mr. Simon characterises in his current report as peculiarly instructive. At Guildford the total number of cases was 500, and the deaths 21. At North Shields we have computed the cases at (at least) 1000, and the deaths up to last week were 56. Since then, we are informed, several deaths have happened. We have no reason to doubt that Mr. Simon would find the North Shields outbreak as "instructive" as the Guildford one, and as valuable an illustration of "excremental poisoning." It is high time the Sanitary Commission which has just been appointed should begin its inquiries. It cannot have a better subject to start with than this outbreak of typhoid at North Shields, and the slight attention excited by it.

THE CHILDREN AT THE HANWELL SCHOOL.

DR. COSTER, in a Report to the Managers of the Central London School, states that on the 29th of October, there were sixteen cases of contagious ophthalmia, all of a mild character, and five of strumous inflammation of the eyes. There were sixty-five others under treatment with contagious disease, having a morbid altered or gleety discharge, with a more or less granular condition of the mucous membrane. Dr. Coster recommended more care in admitting children to the school, segregation of those affected, and that diseased children should not be put in the same van with the healthy. He recommended the managers "to remove from the school all the children who had been affected with ophthalmia within say two or three months, and to place them in the keeping of poor but respectable ratepayers, who might be desirous of having charge of them at a fair remuneration. By scattering them in this manner he believed the disease might be ultimately stamped out; on the other hand, large bodies of children, among whom this disease was prevalent, were in the worst position, not only to rid themselves of the pest, but to successfully contend against many disadvantages which must necessarily interfere with a speedy recovery. Moreover, the constantly changing population in the schools materially tended to keep up the disease through the frequent introduction of fresh contagion." There could not possibly be a stronger argument against the system of district schools.

THE PHARMACY ACT.

WE believe that our view of the bearing of this Act on the rights of medical men in regard to the dispensing of medicines is so far shared by others that the subject will be brought before the Executive Committee of the General Medical Council, which will meet in London on the 2nd of December. Dr. Andrew Wood will press the necessity for an application to the Legislature for such an amendment of the Pharmacy Act as will place duly qualified practitioners in the position they occupied previous to the passing of the Act.

QUALITY OF THE WATER IN SOUTH LONDON.

THE *South London Press* gives currency to the belief that the inferior quality of the water supplied to some of the transpontine districts is attributable to the use, by the companies concerned, of Artesian wells situate in districts not recognised by law as sources of supply. Last week complaints of defective supply were made in the Camberwell vestry; while in Bermondsey the medical officer, Dr. Parker, quotes from Professor Frankland's last monthly analysis in support of his own frequent reference to the impurity of the water supplied by the Southwark Company. Professor Frankland hints that it would be well to ascertain whether the Company has not admitted tidal water from the Thames at Battersea into its reservoirs (situate close alongside the river there), and Dr. Parker affirms the propriety of the Professor's suggestion.

THE CHANCELLORSHIP OF THE EDINBURGH UNIVERSITY.

THE Lord Justice-General of Scotland has been elected to this post by a majority of 210 over Mr. Gladstone. The Lord Justice-General, over and above his general caims to the chancellorship, had the good fortune to be Lord Advocate for Scotland during the session of 1858, when the Scottish University Reform Acts passed through Parliament. He was thus associated, though not perhaps so intimately as his supporters allege, with those innovations in the Scottish University system which have given them a new corporate importance, and by which the electors of last Saturday had the right of voting at all. There is no doubt that this fact operated most strongly in his favour, and secured him the support of many who were already convinced of the superior claims of Mr. Gladstone as a scholar and a statesman. However, the University of Edinburgh has made a choice which, if not the best, is still a laudable one, and we doubt not the distinguished head of the Scottish bar will prove himself equally worthy of his new office as head of the leading Scottish university.

THE LLEWELLYN SCHOLARSHIP.

ONE feature of very special interest in the distribution of prizes last week to the students of Charing-cross Hospital calls for particular notice at our hands. The Llewellyn Scholarship, founded to perpetuate the memory of the heroic David Herbert Llewellyn, an old student of the hospital, who nobly perished in the performance of his duty as surgeon on board the *Alabama*, was awarded for the first time. It will not be forgotten that he refused to leave the vessel rather than imperil the wounded men who were on board. An enviable honour has been conferred upon the recipient of the Scholarship, Mr. Pearce; and it may well stimulate him and his fellows to imitate such self-sacrificing courage and devotion.

THE BRIGHTON HOSPITAL FOR SICK CHILDREN.

WE announced a short while ago that steps were being taken to found a children's hospital in Brighton, having in view not only the medical and surgical treatment of sick children of the poor, but the training of nurses for sick children; and we gave the project our approval. The hospital is now open for both in- and out-patients, in temporary premises; and as soon as sufficient funds are collected, it is intended to erect a new building: our purpose now in returning to the subject is to express our opinion that, with so laudable an object in view, it would be, to say the least, unworthy of the wealth Brighton can command if the project were not brought to a speedy and successful issue. The medical staff is now complete. The consulting officers are Dr. Addison and Mr. Cordy Burrows; the acting physicians, Dr. Barker and Dr. Taaffe; and the acting surgeons, Mr. Athol Johnson, F.R.C.S., and Mr. T. Moore, F.R.C.S.

MOULE'S EARTH-CLOSETS.

WE understand that it is definitely decided that Moule's dry-earth conservancy shall be introduced into the new asylums for lunatic paupers which are to be built, under Mr. Gathorne Hardy's Act, in the neighbourhood of London. It was the practical and very striking success of these closets at Colney Hatch Asylum which principally led to the decision to employ them in the new establishments.

ST. ANDREWS MEDICAL GRADUATES' ASSOCIATION.

WE hear that the anniversary dinner of this Association will be peculiarly interesting from the fact that the President will not need to look beyond the members of the body to find a gentleman to respond to the toast, "The Houses of Parliament." Dr. Lush, the newly-elected member for Salisbury, has accepted an invitation to be present. Doubtless the St. Andrews doctors will muster strong to welcome the first medical graduate of their University who has sat in Parliament.

THE last mail brings intelligence of a vastly improved state of the public health in the Mauritius. The amount of fever had much diminished, and the number of fresh cases was relatively small.

RESPECTING the Edinburgh and St. Andrews Universities election, we are informed by Dr. Lyon Playfair's Committee that the poll will be open from Dec. 1st to Dec. 4th, and that metropolitan voters will receive all necessary information at No. 5, Curzon-street, Mayfair, W.

WE are very glad to learn that Baron Larrey has expressed his high sense of the valuable character of the contents of the last Army Medical Blue-book, in a communication to the head of that department, and has requested that he may be furnished with a copy of the whole series, for presentation to the Institute of the Academy of Science of France, of which he is a distinguished member.

THE Guardians of Clerkenwell have resolved to unite with those of Holborn and St. Luke, to oppose the order of the Poor-law Board to form a Sick Asylum District for Finsbury, and have passed a resolution refusing to elect managers.

A NEW Medical Society has been formed for Salisbury and its neighbourhood, and the following officers have been appointed for the first year:—President: J. A. Lush, M.D., M.P. Vice-Presidents: J. M. Cardell, F.R.C.S. Eng., W. G. Davis, M.R.C.S., L.S.A. Committee of Management: W. Martin Coates, M.R.C.S., L.S.A., J. Winzar, M.R.C.S., L.S.A., E. Young, M.D. Treasurer: F. R. P. Darke, M.R.C.S., L.S.A. Hon. Secretary: H. J. Manning, B.A. Lond., M.R.C.S.

ACCORDING to the *Madras Times*, Lord Napier stated at the anniversary of the Madras Medical College that it had been proposed to the Home Government to create a new female civil hospital, a lock hospital, a new lunatic asylum, an establishment for the instruction of skilled female nurses, a sanitary establishment at Ennore in lieu of the obsolete one at Poonamallee, and the organisation of a sanitary establishment throughout the Presidency.

THE weekly mortality in London continues to rule at the high rate of 25 deaths annually to every 1000 living, the actual deaths registered last week being 1507, and in the preceding week 1506. Scarlatina shows no signs of abatement, the number of fatal cases recorded having been 119, 116, and 118 in the last three weeks. The deaths from bronchitis and pneumonia increased to 335 last week, the mean temperature having decreased from 40·7 to 39·8 degrees.

THE Queen of the Netherlands paid a visit to the Hospital for Sick Children, Great Ormond-street, on Monday. Her Majesty evinced the utmost interest in the little patients, and expressed the special gratification which she had derived from her visit to the institution.

THE *Western Morning News* remarks that if the medical men sitting in the next Parliament can make their voices heard "amidst the roar of railway directors, merchants, and lawyers," it will be so much the better for national interests. The recognition of this fact by a journal so popular and so ably conducted as the *News* is at least an omen of good for our profession in the future.

AT Carnarvon the Town Council are fortunate enough to have amongst their number a gentleman of whom they think so highly that they have re-elected him for the tenth time mayor of the town. Mr. Turner has identified himself with an improvement of the sanitary condition of Carnarvon, and that his efforts are well appreciated is proved by the unanimity with which the highest civic honour has thus often been re-entrusted to him.

A SIMPLE and satisfactory report by Dr. Johnson, the surgeon of the Montrose Royal Infirmary, states that during the year ending June last the in-patients numbered 240, a slight diminution as compared with previous years. This is mainly accounted for by the fact of the absence of epidemic diseases. The fever cases in the year amounted to 39; the deaths, 2. An epidemic of measles occurred in the town in the early part of the year, but did not occasion the admission of a single patient into the infirmary. About 280 patients were treated at home. The out-patients attending at the infirmary numbered 2065. The matron, after twenty-eight years' service, has resigned.

THE first number of a new French periodical, entitled *Annales de Dermatologie et de Syphiligraphie*, under the conduct of M. le Dr. Doyon, has reached us. It contains articles on Gonorrhœal Rheumatism, by M. Fournier; on the Employment of Ice in certain Affections of the Testicle, by M. Diday; on Syphilitic Affections of the Uterus, by M. Rollet; on Diatheses in Dermatoses from a Therapeutical Point of View, by M. Guibout; a Bibliography; and a review of foreign journals. Amongst the principal collaborateurs are Bazin, Baumes, Bergeron, Calvo, Devergie, Hardy, Hebra, Lailler, Lancereaux, H. Lee, De Méric, Richard, Rodet, Clerc, Bassereau, and others.

THE Vice-Chancellor of the University of Cambridge has notified that the election of a member to serve in the General Medical Council for a period of five years will take place in the Senate House on Tuesday next, Dec. 1st, and that the hour of polling will be from 2 to 3 P.M. All those whose names are on the register of members of the Senate are entitled to vote on the occasion.

IT would seem that cholera has broken out at Astrabad, in Persia. The news comes by way of St. Petersburg.

THE first Report of the Commission on the Employment of Children, Young Persons, and Women in Agriculture, has just been issued, and will be noticed by us next week.

DR. JOHN RUDALL HOLMAN, assisting surgeon in the Chatham Dockyard, has been gazetted to the rank of staff surgeon in her Majesty's fleet, with seniority of Nov. 10th, 1868.

THE ROYAL COMMISSION ON PUBLIC HEALTH.

THIS Commission has at length taken a definite shape, and the *London Gazette* of Tuesday last contains the official announcement that her Majesty has been pleased to appoint the gentlemen whose names are given, as her Commissioners to inquire into and report upon:—

1st. The operation of the sanitary laws for towns, villages, and rural districts in Great Britain and Ireland, so far as these laws apply to sewerage, drainage, water-supply, removal of refuse, prevention of overcrowding, and other conditions conducive to the public health.

2nd. The operation of the laws for preventing the introduction and spreading of contagious and infectious diseases, and of epidemics injurious to the public health.

3rd. The local administration of the aforesaid sanitary laws, namely, the constitution and action of the respective governing or managing bodies, and the formation of the districts in which these laws are carried into execution.

4th. The operation of that part of the registration system which relates to certificates of causes of death.

The Commissioners are empowered to suggest improvements in all or any of these matters, and in particular to distinguish any laws that should be obligatory in their operation from those which should be permissive only, and any laws which should be generally applied from those which should be confined to populous places or particular localities.

So far as we have been able to investigate the status and antecedents of the Commissioners, and in some sort to classify them according to the interests they may be supposed to represent, it appears to us that a very commendable amount of discretion and judgment has been exercised in the constitution of the Commission. Of its twenty-one members, seven are direct and most influential representatives of the medical profession; three of the engineering and constructive professions; nine of the Legislature, in its official and legal capacity. The names are as follow:—The Right Hon. Thomas George, Lord Northbrook; the Right Hon. Charles, Earl of Romney; Lord Elcho; the Right Hon. Charles Bowyer Adderley; the Right Hon. Henry Austin Bruce; Sir Thomas Watson, Bart., M.D.; Sir Charles Lanyon, Knt.; Lieutenant-Colonel Charles Brisbane Ewart, R.E.; John Robinson McLean, Esq., C.E.; George Clive, Esq.; Francis Sharp Powell, Esq.; Acton Smee Ayrton, Esq.; Roger Sinclair Aytoun, Esq.; Benjamin Shaw, Esq.; John Lambert, Esq.; James Paget, Esq., F.R.C.S.; Henry Wyldbore Rumsey, M.D.; Henry Wentworth Acland, M.D.; Robert Christison, M.D.; William Stokes, M.D.; and Rev. Samuel Haughton, M.D.

Lord Northbrook, the probable chairman of the Commission, is better known by the name of Mr. T. G. Baring, under which he has held various offices under the Crown, and proved himself an excellent administrator in all. Mr. Adderley, Mr. Bruce, and Mr. Clive will represent the traditions of the Home Office and Privy Council: Mr. Ayrton, M.P., and Mr. Powell, the legal element; Lieutenant-Colonel Ewart (whose excellent Report on Town Drainage has lately been noticed in our columns), Sir C. Lanyon, and Mr. McLean, the engineering aspects of sanitary science; and Mr. Lambert, the Poor-law Board. Sir Thomas Watson, Dr. Acland, Dr. Stokes, Dr. Christison, Professor Haughton, Dr. Rumsey, and Mr. Paget, may be confidently relied on for maintaining in all respects the honour and interests of the profession on the Commission.

We regret that our satisfaction with the Commission itself does not extend to the appointment of its Secretary, who is, as we are informed, a barrister whose name we have never heard of in connexion with sanitary matters. No doubt legal points will arise in the course of the inquiry upon which the Commission will need advice; but these will not, in the nature of things, be one quarter as numerous as will be questions involving a practical acquaintance with medical, sanitary, registration, and statistical details. It is no use, however, crying over spilt milk; and we can only regret that a fine opportunity has been lost for breaking through the customary practice of appointing barristers indiscriminately as secretaries to Royal Commissions.

THE seventh session of the International Statistical Congress will be held next year at the Hague.

THE TEACHING OF MIDWIFERY AND MR. SYME'S COMMITTEE ON MEDICAL EDUCATION.

A FEW weeks since we stated that the various lecturers on midwifery at the London schools had been requested by the Medical Education Committee of the General Medical Council to express their several opinions as to the most desirable system to be adopted in the teaching of obstetricy and diseases of women and children. Believing that the object which the Committee have in view would be more effectually promoted by united action, the lecturers met, at the suggestion of Dr. Barnes, we believe, to discuss the matter, with the idea of submitting, in reply to the questions proposed for their consideration, conclusions at which they, as a body, might arrive. As a result of their deliberations, a highly important report, drawn up and signed by Dr. Oldham (Guy's), Dr. Hall Davis (Middlesex), Dr. Tyler Smith (St. Mary's), Dr. Robert Barnes (St. Thomas's), Dr. Braxton Hicks (Guy's), Dr. Priestley (King's), Dr. Graily Hewitt (University), Dr. John Clarke (St. George's), Dr. Head (London), Dr. Parson (Charing-cross), Dr. F. Bird (Westminster), and Dr. Greenhalgh (St. Bartholomew's), has been transmitted to Mr. Syme, the Chairman of the Committee on Medical Education. The report is as follows:—

The lecturers—considering the great extension which has been made in recent years in the knowledge of Obstetrics and the Diseases of Women and Children; the deep interest of the public in possessing practitioners duly skilled in this department; and that it is of paramount importance to the comfort and success of the young practitioner to possess sound theoretical and clinical training in it—are unanimously of opinion that the actual means of study, and the share devoted to it in the present curriculum, are insufficient.

At present, one summer course of three months only is required. It is found to be impossible in such a course to treat adequately of the subject of Midwifery proper; whilst the extensive and important subjects of the Diseases of Women and Children must be left untouched.

(A). "*As to the topics which may most advantageously be included under the subject of Midwifery and the Diseases of Women and Children.*"

The lecturers are of opinion that the course of instruction should embrace—1st. All that relates to pregnancy, parturition, and lactation. 2nd. All that relates to the functions and diseases of the sexual system of women; and 3rd. The diseases of childhood.

(B). "*As to the period in a four years' course when Midwifery can be most profitably studied, and the length of time which should be devoted to Midwifery.*"

The lecturers are of opinion that the study of the subject of Midwifery and the Diseases of Women and Children should be extended over two courses of lectures; and that these may be most profitably attended to during the second and third summer sessions; and, further, that a course of clinical lectures—not less than twenty in number—on the Diseases of Women and Children, should be attended during the third or fourth winter.

(C). "*As to the manner in which Midwifery can best be taught—by lectures, practical instruction, or otherwise.*"

The lecturers are of opinion that attendance upon systematic lectures on Midwifery is indispensable. They believe that midwifery, even more than medicine or surgery, admits of illustration by preparations, fresh specimens, and drawings; and that an important portion of the subject requires and admits of demonstrations by the lecturer and manual practice by the students.

With a view to the better clinical teaching, the lecturers are of opinion that there should be attached to every hospital an obstetric physician and an assistant obstetric physician, or two obstetric physicians, it being impossible for one officer to be at all times ready to meet the sudden emergencies of midwifery.

Also, that the students should be required to attend midwifery cases—not less than twenty in number—after or during their attendance upon the first course of lectures on Midwifery; and that to assist the students, as well as to conduct the maternity department in an efficient manner, a resident ac-

coucheur, or obstetric assistant, acting under the guidance of the obstetric physicians, be attached to the hospital.

(D). *As to the instruction in Diseases of Women.*

The lecturers are of opinion that a ward should be devoted to the diseases of women; and that the out-patients' department for women should be made more available for clinical instruction by attaching clinical clerks and dressers, as is done in the medical and surgical departments.

Also, that every student should be required to follow during at least six months the practice in the obstetric department; including the ward for diseases of women and the out-patients.

In relation to this point, the lecturers are of opinion that a similar rule to that of the College of Surgeons (section 2, No. 10) which requires a certificate of having attended clinical lectures on Surgery; and to that of the University of London, which requires a certificate "of having attended the surgical and the medical practice of a recognised hospital during two years, with clinical instruction and lectures on clinical surgery and clinical medicine," should be extended to the obstetric department.

They remark that, in the case of the most modern curriculum, that of the Royal College of Physicians for the licence, a certificate is required "of having been engaged during six months in the clinical study of diseases peculiar to women."

(E). *As to the Diseases of Children.*

The lecturers are of opinion that a special ward should be devoted to sick children; that sick children should be seen in the out-patients' department; and that attendance in this branch should be held to be an essential part of the clinical study in the department of midwifery and the diseases of women and children.

PUBLIC DISPENSARIES IN BERMONDSEY.

THE Poor-law Board having expressed a wish for the guardians of Bermondsey to decide upon having a public dispensary as authorised by the Metropolitan Poor Act, the matter was taken into consideration at a meeting of the board held on the 18th inst. Dr. Markham's advice in relation thereto was offered, but he was not present on the occasion. The chairman asked if the medical officers had any remarks to make.

Dr. Dixon stated that a circular letter from the Poor-law Board in August, 1867, had been referred to the medical officers, who made a report on the 18th of September, 1867, which was supplemented by another in which they recommended the establishment of dispensaries. Accompanying the report was a plan of how a dispensary could be established at the workhouse. Other plans were also submitted to the Board, but nothing had been done. In March last, Dr. Dixon and Mr. Richmond made application for an increase of salary, and the consideration of this application was adjourned till the guardians had decided the question of dispensaries. Nothing having been done, the application was renewed on the 15th of July, and the matter was again postponed, first to the 9th, and then to the 23rd of September. In the interval the guardians sought the advice of the Poor-law Board, who intimated that it would be desirable to establish dispensaries, and to defer the question of salaries till then. Dr. Dixon stated that the medical officers were doing a very large amount of work for a most inadequate remuneration. The population had greatly increased, and the salaries had not been revised since 1850. The establishment of dispensaries would be more advantageous than an increase of salary, and if established he would leave the question of remuneration to the Board, Dr. Markham, the Poor-law Board, or any person with a practical knowledge of the duties. He wanted nothing which was not fair to himself and the ratepayers. If dispensaries were not established, an increase of £50 to his salary would be but a small benefit. He paid his own dispenser £40 a year, and was going to pay £50 for the future, so that the increase would only pay his salary. If the Board found the medicines, they would not get them for £50 a year; so that, out of £150 a year he would have only £50 left to pay for attending 2000 patients. He would rather have £100 with a dispensary than £150 without.

Mr. Richmond supported the views of his colleague.

Mr. Hepburn, a guardian, thought that it would be no benefit to establish dispensaries, seeing that the poor are well attended to and looked after.

Dr. Dixon said it was a hard thing for a medical man to either have to put his hand in his pocket or else to tax his conscience by giving less expensive medicines than he otherwise would. It was not right for an officer to have to give out of charity, at a pecuniary loss to himself, medicine costing more than the average payment per patient.

The Chairman thought that they should defer the question of dispensaries until it was known what changes would occur at the Poor-law Board.

Dr. Cuolahan asked if the report of the medical officers had been submitted for the consideration of the Poor-law Board.

The Clerk stated that nothing goes to the Poor-law Board until decided upon by the guardians.

The Chairman said he regretted that the medical officers had gone into the matter as they had done. The Poor-law Board had cordially taken up the question of medical officers' salaries as a peg to hang something else upon. In the present state of political changes they were not likely to force the guardians to do anything about dispensaries. They were trying to drive the guardians into adopting a system likely to be pernicious to the ratepayers at large. They were going to pauperise the poor more than ever to the injury of ratepayers. The Poor-law Board must be told that the salaries would be raised, that being their due. He thought the opposition to the increase was not based on a conviction that it was not deserved, but for other reasons. He recommended that no reference be made to the proposed dispensaries.

After some further discussion, it was moved by Mr. Hepburn, "That this board, having given the subject of the Poor-law Board's letter its serious consideration, does not deem it desirable at present to provide a dispensary within the parish, the sick poor having every attention paid to them; and therefore request the Poor-law Board to sanction the proposed increase of salaries of Mr. Richmond and Dr. Dixon."

The motion was seconded by Mr. Swan, and carried unanimously.

HEALTH OF THE NAVY.

No. II.

THE Annual Report published by the Admiralty on this subject has lately been enriched with much valuable information gleaned from the experiences of those medical officers who are doing duty in ships on foreign stations. Too much praise cannot be given to the authors of these professional papers, and the Report for the year 1866, to which we have already referred in THE LANCET of the 31st ult., contains particularly interesting notes on yellow fever, on the ethnology, physical geography, and meteorology of parts of North and South Australia, and on the influence of diet, climate, and long voyages on the health and diseases of seamen. The North America and West Indies, and the West Coast of Africa stations, furnish nearly all the cases of yellow fever that occur in the royal navy. A serious outbreak of this disease took place during the year on board the *Cadmus*, then stationed off Jamaica. A similar outbreak on that island is reported upon by Deputy Inspector-General Richard D. Mason. An epidemic of the disease which occurred in the *Bristol*, off the West Coast of Africa, is described at length by Surgeon W. G. Ayre, and its special phenomena were most carefully studied by Assistant-surgeon Fleetwood Buckle, M.D., who has contributed to this Report an admirable synopsis, with tables and diagrams. These tables give complete information as to pulse, temperature of body morning and evening, urine, and any peculiar symptoms that occurred in each and every case treated. From a table showing the frequency of the pulse in forty cases, it appears that its average rate on the morning of the first day was 119·9, and in the evening 125·3, that this represents the average maximum of frequency, and that the average minimum of frequency occurred on the morning of the tenth day, and was 61·9. A diagram is given representing the average range of temperature of the body from the first to

the seventh days, which shows that on the morning of the former it reached 102·4° Fahr., on the morning of the latter, 104·6° Fahr., and that the maximum temperature was 107·8° Fahr., and occurred on the third day. The observations on the pulse and body heat were taken by Dr. Buckle at 8 A.M. and 5 P.M. during the first seven days, the patient then having either died or become convalescent. Notes of examination of urine record the presence of albumen in most cases, with, in some instances, tube-casts, traces of sugar, broken blood-cells, and large quantities of hippuric acid. The most frequent remarks recorded under the head of peculiar symptoms are the presence of frequent emission, with frothy, very offensive and painful stools, and spongy bleeding gums. It is also remarked that "in some cases there was marked spinal irritation, for on pressing the spinous processes of the eleventh and twelfth dorsal vertebræ, severe pain was complained of, which continued some time after the pressure had been removed."

The careful notes of both Surgeon Ayre and Dr. Buckle still leave undecided the distinction between true specific yellow fever and malarious yellow fever, but they tend to confirm the efficacy of quinine in large and frequent doses as a prophylactic, and to show the uselessness of this drug in arresting or controlling the fever when it has actually commenced. The Report contains many important particulars as to the history of the epidemic, and may indeed be considered as furnishing the latest information with respect to this fatal malady.

Dr. Belgrave Ninnis contributes some notes on the natural history and native population of the northern territory of South Australia; and the medical topography of Somerset, Cape York, in North Australia, is discussed at length by Surgeon T. J. Haran. It is proper, however, to direct attention to a very able and discursive paper by Surgeon A. Rattray, who has instituted a series of experiments with the view of showing the effect of diet and climate on the health of seamen as indicated by their weight. A series of ten tables is appended, the sum of which tends to prove that salt meat alone exercises an influence in diminishing weight and deteriorating health; that tropical climate has a still greater effect in reducing the strength and bulk of the body, and that these results are materially augmented by combination. The writer very pertinently remarks that "to preserve health in the tropics we must consult climate as well as other physical conditions of life," and that "we err in providing a diet which consists so largely of meat for the tropics, when it ought to be one which is principally vegetable." It is also pointed out that fresh meat loses by pickling at least one-eighth of its weight in the brine, that subsequent boiling still further deprives it of nutritious principles (as water, phosphates, lactic acid, &c.), while by both processes the fibrin which composes the muscular fibrillæ, and also their protecting gelatinous sheath or sarcolemma, are shrivelled, corrugated, and rendered hard and dry. Dr. Rattray proceeds to indicate that, in spite of the dietetic and hygienic improvements introduced into the Royal Navy by Blane some years ago, the service is still in these respects very deficient, and to that deficiency he attributes the prevalence of numerous forms of scrofula, and especially of phthisis. It is strongly urged that the scale of rations should be altered, and a computed table shows that whereas the scale now in use at sea costs 13·30*d.* per man per day, the proposed scale to be used in the tropics would cost 12·43*d.*, and for temperate and cold latitudes 14·86*d.* The changes proposed consist of the substitution for salt beef or pork during six days of the week of three-fourths of a pound of preserved meat at sea, and half a pound in the tropics, with a certain allowance of preserved potatoes and rice to alternate with flour pudding and pea-soup. It is also remarked that the proposed dietary scale would be cheaper than the old by £5 11*s.* 8*d.* per man per annum, so that no obstacle could be raised on the score of additional expense. This subject has practical aspects which commend it to the attention of all naval medical officers, and as there can be no doubt that the remarks above quoted show plainly what should be done to assist in the prevention of disease afloat, it is clear that the industry which has resulted in a compilation of valuable experiments and deductions may be followed by other officers, and so produce an irresistible mass of evidence in favour of a change of scale. It must be remembered, too, that such a change can be far more readily accomplished in the Royal Navy than in the mercantile marine, as in the former case there is no clashing with various vested interests and the so-called freedom of commerce.

MILITARY DIRTY LINEN.

LONDONERS generally send their dirty linen to the country to be washed. Not so the military, who do exactly the reverse. The public will be astonished to learn that the whole of the barrack and hospital bedding in the London district, which, besides other places, includes Chelsea, Kensington, Knightsbridge, Regent's-park, Hounslow, Windsor, and the Tower, is sent to a washhouse situated in the interior of Wellington Barracks, close to Buckingham Gate. Sheets and bedding, which may have been used by a small-pox patient at Hounslow or a fever patient at Windsor, are brought from thence into the very midst of London, and washed in the centre of the badly-ventilated block of buildings in which the Guards and their families are quartered. The laundry is itself inadequate to the work. It was erected for the personal convenience of the regiment on the spot, but has been converted to its present use on that principle of expediency which seems to be one of the most prominent features of military administration. In a dismal corner building near the cookhouse the linen is submitted to a process of boiling and stamping in half-dirty water. The drying closet will not dry the sheets as fast as they are washed, and it is useless to expect any bleaching or purification from exposure to the smoky air of London in the confined courtyards of a crowded barrack. It would be interesting to know whether the sanction of the medical department has ever been given to an arrangement obviously dangerous alike to the Guards and to the inhabitants around. We believe the astounding truth to be that the spot is beyond their jurisdiction, and that they have neither power to visit nor to condemn.

Meanwhile we find at Woolwich a totally different affair. At the Herbert Hospital there are usually some two or three hundred patients, and as the hospital was erected to accommodate a thousand, the laundry, being of corresponding size, is not a third employed. Erected regardless of expense, in a pure and bleaching atmosphere, and replete with every convenience, its staff is capable of working for the patients in the hospital, and for the whole of the London district and the garrison at Woolwich besides, and this without an addition to the cost at which the establishment is now maintained beyond the extra soap. More than £50 per month is paid in wages, and no one exactly knows how much it costs in coals, improvements, and repairs.

Official stupidity, departmental jealousy, and reckless carelessness of the public interests and health can scarcely be more clearly demonstrated. Sir Henry Storks has indeed a task in hand to remedy such evils. We wish him strength to fulfil his difficult and important mission.

PUBLIC HEALTH IN ST. GILES'S AND ST. GEORGE'S, BLOOMSBURY.

THE annual report of Dr. Buchanan is, as usual, full of interest. The district of St. Giles shows the highest death-rate in the metropolis—viz., 24·33 per thousand. It is probable that this is below the estimate, as there have been great demolitions, and, therefore, a doubtful increase of population. But it is remarkable that the sub-district of St. George's, Bloomsbury, is one of the healthiest in the metropolis, the mortality being only 19·00 per thousand, whereas St. Giles's South is the most unhealthy, the death-rate being 31·6 per thousand. We observe in these cases the strongest illustration of the law that the rate of increase in town populations goes side by side with that of mortality. In St. Giles's, Bloomsbury, with a population of 17,392 persons, the births were 955, and the deaths 594, leaving a balance of 361 in favour of an increase. But in St. George's, Bloomsbury, in a population of 18,788, although the number of deaths was 331, the births were but 458, and the balance in favour of increase only 127. The physical and moral surroundings of poverty, so far from repressing increase, have an exactly contrary effect, for although the death-rate rises enormously, nature is more than equal to repair the injury. It is only by raising the physical and moral condition of the people that we can retard their undue increase.

Dr. Buchanan has found it impossible to carry out those

clauses of the Sanitary Act which provide for the registration of houses sub-let in lodgings, and for their inspection by the police. The board was besieged by the owners, and compelled to withdraw the regulations which had been issued, although those regulations had received the sanction of the Secretary of State. The fact is that in many localities half the inhabitants would have been turned into the street if the provisions had been insisted upon. Meanwhile the Act is partially applied, and its application looked upon as penal. Its unpopularity affords a new illustration of the uselessness of Acts of Parliament without a corresponding enlightenment of the public mind. The true remedy has been provided by the measure of Mr. Torrens; and as it can be put in operation by a committee of five ratepayers, it may be hoped that such a number of intelligent persons may be found to institute proceedings.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

THE first quarterly meeting of this Society was held on the 5th inst., in the rooms of the Medical and Chirurgical Society,—Dr. Sankey, president, in the chair. There was a good attendance, some of the members coming from a considerable distance. Among the visitors were Mr. Solly (president of the Medical and Chirurgical Society), Dr. Symes Thompson, Mr. Lockhart Clarke, Mr. Nunn, and others.

After a short address from the president, the honorary secretary (Dr. Tuke) read a paper "On the History and Purpose of the Association," in which he showed its origin to have been contemporaneous with the rise of the "non-restraint system," of which its early founders—among them Mr. Gaskell, Dr. Browne, and Dr. Thurnam—were strong supporters; that to Dr. Conolly, and principally to Dr. Bucknill (who for ten years edited its journal), the Association owed its prosperity; and that the purpose of the Society should be to keep ever before them, whether in scientific examinations or in practical work, those principles of kindness and gentleness towards the insane, for the investigation and spread of which their Association was founded, and for the advancement of which their leading members had so persistently laboured.

The President, Dr. SANKEY, read a paper on the "State of the Arteries and Capillaries of the Brain in Mental Disease." The object of the paper was to inquire into the condition of the small arteries in insanity. The result lately arrived at by Dr. G. Johnson, the author considered, rendered such an inquiry particularly interesting. There are certain well-known phenomena in mental disease which show a considerable regularity of periodical change. It is obvious, therefore, that the pathology of such phenomena should be sought for in a function attended with periodicity in activity. The elements involved in all mental phenomena are the cerebral organ on the one hand, and the blood on the other. It is obvious that, of these two, the condition of one is a fixed state, and that of the other an ever-changing one. Phenomena which, therefore, are constantly changing, are more likely to be due to the changing element than the fixed. It is also known that the cerebral circulation varies, as to its degree of fulness, with more or less periodicity of action. It does so normally in sleep, and abnormally in the condition of the hot and cold stages of ague, &c. It is believed that this fulness or emptiness of the small arteries is affected through their muscular coat, and that this coat is affected through the agency of the sympathetic nerves. The action of these vessels is also known to be affected directly through the cerebrum, as when a mental emotion causes pallor or blushing. If any of the phenomena of insanity are due to an alteration produced in the cerebral circulation, either from mental or cerebral excitement, or from an impure state of the blood itself acting upon the capillary system, as Dr. Johnson explains it to do in kidney disease, it is probable that traces of this action would be left behind in a permanent change of the bloodvessels themselves; and thus a thorough examination of the state of the cerebral arteries becomes an object of particular interest. The author has re-examined, with care, 68 specimens taken from 27 subjects—8 from patients dying of general paresis, 7 from cases of dementia, 7 from chronic insanity, 2 from epileptics, 1 from a subject with acute mania, and 2 from cases of other kinds, not insanity,—with the following results:—There was very slight thickening of the small arterial walls in one only of the cases of general paresis, but all the capillaries of those subjects were more or less varicose. In the cases of dementia the small arteries were more or less thickened in all; in one the thickening was well-marked. In the subjects of chronic insanity the state of the small arteries varied, but marked increase in the arterial walls was observable in four. In the acute cases no change was found. The author remarked that the frequency with which arterial hypertrophy was found in the old cases was interesting, as pointing to a prior stage in which, probably, the contractile functions of the artery had been frequently called into action; while the absence of it in the cases of general paresis, but the presence of varicosity which was so frequently observed, indicated that the nervous power exerted on the arteries was involved in the general paralytic condition. And this agrees with all the other phenomena of the disease, for at the latter stages of it the purely reflex action was visibly impaired.

Dr. LOCKHART ROBERTSON said he had listened with much interest to Dr. Sankey's paper. Nothing was more unsatisfactory than, in their post-mortem examinations of the insane, to be so frequently unable to discover any traces of disease; Since the researches of Sir Charles Hood, at Bethlehem Hospital, into the state of the blood in mental diseases, and Dr. Sutherland's examination of the urine, at St. Luke's, no new process had been instituted. He hoped that Dr. Sankey, in the paper now before the Association, had struck out a new path for investigation.

Mr. SOLLY expressed his concurrence with Dr. Robertson's opinion as to the value of the paper. He found in it a corroboration of many of the views of Dr. George Johnson and others as to the possibility and probability of alteration of the capillary circulation producing rigors, convulsion, and epilepsy. He was himself convinced that the views of Dr. Arnott were correct as to the structural use of the muscular coat of the artery, which was, by its contraction, to convert the arterial tube, which in a flaccid condition was like a leathern tube, into a leaden one, meeting each contraction of the left ventricle. By this action the motive power of the heart was economised. The contractile power of the artery was perverted in disease. The long-continued effect of this perversion produced that hypertrophy which Dr. George Johnson had so perfectly demonstrated to exist in Bright's and other diseases. An interesting observation in the paper was, that the change in the arterial circulation was frequently marked by periodicity; functional disturbance of the arterial coat would thus account for the sudden advent and the entire disappearance of morbid symptoms in some cases, without any morbid lesion after death. His own experience in dissecting at Hanwell and elsewhere led him to the conclusion that atrophy was the principal morbid appearance to be discovered; but the work of Mr. Lockhart Clarke had given a new impetus to investigation, and we need not despair of being yet able to trace the pathological condition of the brain and spinal cord in even epilepsy, as he had done in tetanus; though Dr. Wilkinson King used to say the nervous system always presented a perfectly healthy appearance after death from tetanus. In conclusion, he would add, that in all examinations of the brain the state of the hemispherical ganglia should be considered carefully. He was surprised to find that by several writers their importance had been overlooked. Mr. Solly, speaking in the name of the Council of the Medico-Chirurgical Society, was glad to see the Association meeting in their rooms, and he trusted that he might have an opportunity of assisting in their work, the highest one, that of the advancement of the means of alleviating the disorders common to humanity.

After some remarks from Dr. Sankey, and the reading of a letter from M. Brierre de Boismont, which was referred to the Committee on the Law affecting the Insane, the first meeting of the Association closed, with every prospect of successful future gatherings.

THE METROPOLITAN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.

THE monthly meeting of this Association was held on Saturday evening, the 21st inst., Dr. Liddle in the chair, who alluded in feeling terms to the sudden death of the late Dr. Hillier, who had had a principal hand in the organisation of this Association, and was its first secretary. He likewise dwelt upon the kindness, urbanity, and yet firmness, of Dr. Hillier's character, and thought it the duty of the Association to express their sympathy and condolence with the deceased gentleman's family.

Dr. BALLARD seconded the proposition, which met with universal approval on the part of the members present.

Dr. BALLARD (medical officer of health for Islington) then

read a paper entitled, "An Attempt to explain the Epidemic Waves of Scarlatina." Apologising for the rough form in which the paper was presented, on account of its hurried preparation to fill a gap produced by Dr. Odling's incapacity to read his promised communication, Dr. Ballard proceeded to say that he had kept a record of scarlatina as it had occurred in his district for eleven years, and that it amounted to 3412 cases. The general result was that the least prevalence of the disease was observed in March, and that the greatest prevalence was in the months of September, October, and November, at which season there was every year an attempt, as it were, at an epidemic extension of the disease. In the epidemic years, such as 1859, 1863, and 1868, the epidemic dated its origin from the preceding autumn. He inferred from his records, and his inference was illustrated by diagrams, that in any year scarlatina may be expected to spread, when, the mean temperature having risen above 60° in the course of the summer, it has begun to fall below that temperature, if at the same time the humidity of the atmosphere increases to 75° or upwards. The lower the temperature becomes in the progress of the epidemic, the cases will be more numerous the higher the atmospheric humidity advances. As the cold of winter comes on, the epidemic dies away.

A vote of thanks was passed to Dr. Ballard for his communication, which it was unanimously agreed contained most valuable observations.

Dr. ILIFF raised the question as to whether scarlatina was a disease of the poor. His experience in South London led him to believe it was not so.

Dr. ALDIS thought the disease mostly originated with the poor, and thence spread to the rich; but he acknowledged it to be more difficult to get information as to cases among the rich than among the poor. He called attention to the influence which the elevation or depression of the locality might have on the disease.

Dr. GIBBON, from his experience of the Holborn district, was inclined to agree with Dr. Iliff. He also mentioned a case of scarlatina in his own family, in which he failed to detect the conditions laid down by Dr. Ballard.

Dr. LETHEBY said the facts adduced by Dr. Ballard were very important. The elevation of a place ought also to be taken into account, as high places might fulfil the conditions laid down, when low-lying places did not, and *vice versâ*. Contagion, he believed, might be entirely prevented by perfect isolation and disinfection. The latter he maintained to be ineffective even at a temperature of 500° of dry heat. By infusing steam, disinfection was effected at 220°.

Dr. TILLEY remarked that in his district (Rotherhithe), which is a low-lying one, adjoining Bermondsey, very few cases of scarlatina had occurred during the present year.

Dr. HARDWICKE said that, considering the large population of his district, Paddington, they had had very little scarlatina. He had also known some of the worst cases in high houses.

Dr. LIDDLE'S experience bore out what was advanced by Dr. Iliff.

Mr. HAWKSLEY, who was introduced by Dr. Letheby, and admitted as an honorary member, agreed almost entirely with Dr. Ballard's observations. He believed the same conditions were to be found in the case of jungle fever, and other fevers in the East and West Indies.

Dr. BALLARD remarked as to the late case under the Workshops Regulation Act in Islington, that it was not true that the Act had failed. The magistrate allowed the case to be a bad one. It was only thrown out on a point of technicality,—no date having been assigned for the breach of the Act. A new summons was being taken out.

THE POOR-LAW SERVICE AND NEW MEMBERS OF PARLIAMENT.

To the Editor of THE LANCET.

SIR,—In THE LANCET of the 14th inst. you inserted, at the request of the Council of the Poor-law Medical Officers' Association, a copy of a circular letter which has been since sent through the members to candidates for seats in Parliament, and I have now to ask you to permit me briefly to state what has proceeded from it.

It was decided that the replies should be forwarded to me, for the purpose of being copied and arranged, with the view to their being laid before the Council of the Association at their next meeting in December; but as the results are extremely gratifying and encouraging to the future prospects of the Association, I should feel obliged if you will allow me through your columns to inform our members and Poor-law medical officers generally that gentlemen belonging to every shade of political opinion, who have since been returned, have written to state that they will advocate a modification of the Poor-law Board in the direction suggested by the Council of the Association, and redress of the grievances of Poor-law medical officers; and many others have intimated their intention to give favourable consideration to the question when it comes before the House.

Amongst gentlemen who have replied favourably to the objects of the Association are to be found Mr. Birley, Mr. J. Bright, Mr. Muntz, Right Honourable R. Lowe, Mr. H Lewis, Mr. Torrens, Mr. C. Ancott, Dr. Brewer, Mr. C. Waring, Mr. M. A. Bass, Lord G. Hamilton, Mr. C. Reade, Lord E. Fitzmaurice, Mr. Dent Dent, Sir J. Johnson, Lord A. Hervey, Mr. D. Bromley, Mr. Brodrick, Mr. A. Russell, Mr. Peek, Sir George Jenkinson, Mr. Brand, Mr. Michael Biddulph, Lord C. Bruce, Mr. Gurdon Rebow, Mr. Norwood, Mr. Clay, Mr. Guildford Onslow, Mr. Pease, Mr. W. Dilke, Mr. Hoare, Lieut.-Colonel Lloyd Lindsay, Mr. J. Holmes, and a great many others.

In addition, I have to state that I have received several letters from Poor-law medical officers intimating that they have had either satisfactory interviews with, or communications from members; and I should feel further obliged if you will permit me to request them to transmit to me all written replies as early as may be convenient, that a correct list may be made of all gentlemen who are disposed to support the objects of the Association in Parliament.

I am, Sir, your obedient servant,

JOSEPH ROGERS,
President of the Poor-law Medical Officers' Association.

CURIOUS EFFECTS OF STRAMONIUM.

To the Editor of THE LANCET.

SIR,—In THE LANCET of August 22nd, of this year, Dr. John Ogle relates the case of a lady who had consulted him, and who, while under the influence of opium, "called things by their wrong names." Dr. Ogle asks if any of your readers can furnish an instance of opium, or any other remedial agent, producing similar effects. I would state that in a case of poisoning by tincture of stramonium, which was under my care, the patient, on recovering speech—which he had at first entirely lost,—did precisely the same; misnaming almost everything he wanted, though evidently quite unaware that he did so. Several days elapsed ere he could mention his wants without calling something by a wrong name. This case of mine, which possesses several features of interest, inasmuch as so few cases of poisoning by stramonium are on record, will be published *in extenso* in the forthcoming volume (No. 3) of St. George's Hospital Reports.

It will be interesting if any of your readers can give cases in which this peculiar effect of misplacing words and names has been caused by the use, whether in moderate or immoderate doses, of any drug, which may have come under their notice.

I am, Sir, yours &c.,

C. PAGET BLAKE, M.D.

Anglesey House, Torquay,
Nov. 21st, 1868.

EDINBURGH.

(FROM OUR OWN CORRESPONDENT.)

THE excitement consequent on the elections in the University is gradually subsiding. First there was the intramural, regarding the Principalship and the Moral Philosophy chair; then that of the undergraduates about the Rectorship; next that of the graduates and members of Council, caused by their having the twofold duty, to elect a Chancellor, and a member to represent them in Parliament. The first of these contests was decided on Saturday, in favour of the Lord Justice-General. It was expected that about 3300 of the constituency (which numbers 3652) would vote; and the result shows that the calculation was tolerably accurate. The number who voted was 3350, of whom 1780 recorded their votes for the Lord Justice-General, and 1570 for Mr. Gladstone; the former had

therefore a majority of 210. For the membership, both sides speak hopefully, but it is somewhat premature to judge. The prevailing opinion is that Professor Playfair will be returned by a considerable majority.

The Lord Provost, whose period of office expires at the end of this month, has yielded to the request of those interested in the improvement of our city (amongst whom are to be numbered upwards of 130 of the medical profession who presented a requisition to his lordship on the subject), and agreed to allow himself to be again nominated for the civic chair.

Professor Syme has opened up the question as to the advisability of rebuilding the new medical hospital on its present site, and suggests the purchasing of Watson's Hospital, one of our educational hospitals for boys. The site is more open, and would place the new infirmary in the same line of street as Chalmers's hospital for the sick and hurt. Mr. Syme is replied to by Mr. Hope, one of the managers of the infirmary, who points out that Mr. Syme, when examined by the Board of Directors, had expressed a very favourable opinion of the present site, and an unfavourable one of that he now proposes, and also that the surgical hospital, with certain alterations (which have been made), would be much improved in healthiness. Mr. Syme does not, however, now appear to be satisfied with the state of the new part of the surgical hospital, and considers that not only should a new medical, but that also a new surgical, hospital ought to be erected. The managers advertise that already £67,000 of the £100,000 required for the new buildings have been subscribed, and as all parts of the country sending patients to our infirmary have been appealed to, there is the possibility of the £100,000 being soon subscribed. Whilst appealing generally to this country for aid to build the new hospital on the ground of its being a national institution, it strikes one as being singular that the managers should not have also appealed to the architects of the country to obtain the best plan on which to erect one of the most important of our Scottish charities.

Edinburgh, Nov. 24th, 1868.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the necessary examinations for the diploma, were admitted Members of the College on the 18th inst.:—

Evans, Thomas Walter, Llanymawddwy, Merionethshire.
Field, Albert Frederick, L.R.C.P. Edin., Canterbury.
Fox, James Thornley, Manchester.
Glencross, Frederick John, Devonport.
Hall, Francis De Havilland, Tottenham.
Hurlstone, Adam Payton, Cheltenham.
Lewis, William Bevan, Cardigan.
Lyttleton, W. Margrave, M.D. Coll. Phys. & Surg., N. York, Dublin.
M'Gill, Arthur Fergusson, Featherstone-buildings.
Minter, Edward Withers, Southsea, Hants.
Pilkington, Henry Oldfield, Preston.
Rugg, Baron Alfred, Grove-road, St. John's-wood.
Smith, Thomas, Crawley, Sussex.
Walsh, Patrick Charles, Boyle, Co. Roscommon.

The following gentlemen were admitted on the 19th inst.:—

Booth, E. J. H., Huddersfield.
Brown, S. S., Lewisham.
Butcher, W. D., Maidstone.
Clarke, F. E., Dunfanaghy, Co. Donegal.
Cole, E. M., Rochester.
Curnow, John, Penzance.
Dickson, J. R., Kingston, Canada.
Jackson, Samuel, Halifax.
Robinson, George, Spilsby, Lincolnshire.
Staveley, W. H., Reading.
Vawdry, George, Hayle, Cornwall.

Sixty-six candidates were admitted to examination during the week, and thirteen failed.

(In the list of successful candidates for the diploma of the College of Surgeons which appeared in our last week's number, "Holme, T., Ravenshills," should have been printed thus—"Ravenhill, T. Holmes.")

UNIVERSITY OF LONDON.—The following gentlemen passed the recent Second M.B. Examination:—

FIRST DIVISION.

Anderson, Tempest, B.Sc., University College.
Batt, Charles Dorrington, St. Bartholomew's Hospital.
Birt, Joseph, General Hospital, Birmingham.
Eager, Reginald, Guy's Hospital.
Haynes, Frederick Harry, St. Bartholomew's Hospital.
Hilliard, Henry Charles, Guy's Hospital.
Leech, Daniel John, Royal Manchester School of Medicine.
Loy, Thomas Richardson, University College.
Makens, John, Guy's Hospital.
Poore, George Vivian, University College.
Richard, William Alsept, King's College.
Ridge, John James, B.A., B.Sc., St. Thomas's Hospital.
Taylor, Frederick, Guy's Hospital.

SECOND DIVISION.

Buckle, William Turberville, King's College.
Crowfoot, Edward Bowles, St. Bartholomew's Hospital.
Fiddian, Alexander Paull, King's College.
Kenyon, George Arthur, St. George's Hospital.
Langmore, John Wreford, University College.
M'Carthy, Jeremiah, M.A. Dub., London Hospital.
Wyman, John Sanderson, St. Bartholomew's Hospital.
Yeo, Isaac Burney, King's College.

In the competition for Honours at the same examination the following gentlemen were successful:—

MEDICINE.

FIRST CLASS.

Poore, G. Vivian (Scholarship and Gold Medal), University College.
*Richards, William Alsept (Gold Medal), King's College.
*Anderson, Tempest, B.Sc. University College. } Equal.
*Taylor, Frederick, Guy's Hospital. }
Ridge, John James, B.A., B.Sc., St. Thomas's Hospital.
Eager, Reginald, Guy's Hospital. } Equal.
Haynes, Frederick Harry, St. Bartholomew's Hospital. }

MIDWIFERY.

FIRST CLASS.

Taylor, Fredk. (Scholarship and Gold Medal), Guy's Hospital.
*Richards, William Alsept (Gold Medal), King's College.
*Eager, Reginald, Guy's Hospital.
*Anderson, Tempest, B.Sc., University College.
Leech, Daniel John, Royal Manchester School of Medicine.

SECOND CLASS.

Ridge, John James, B.A., B.Sc., St. Thomas's Hospital.
Poore, George Vivian, University College.

FORENSIC MEDICINE.

FIRST CLASS.

Taylor, Fredk. (Scholarship and Gold Medal), Guy's Hospital.
*Eager, Reginald (Gold Medal), Guy's Hospital.
*Batt, Charles Dorrington, St. Bartholomew's Hospital.

THIRD CLASS.

Anderson, Tempest, B.Sc., University College.
Poore, George Vivian, University College.

* Worthy of Scholarship.

UNIVERSITY OF CAMBRIDGE. — At the recent first examination for the M.B. degree the following candidates were approved:—

Johnson (Jesus College). | Penny, B.A. (Queen's College).
Macan, B.A. (Jesus College). | Williams, B.A. (Trinity College).

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Nov. 19th:—

Colson, Edward, Great Harnead, Herts.
Duke, Joshua, Kennington-park-road.
Paterson, Walter Hugh, Brigg, Lincolnshire.
Taylor, Joseph Ogilvie, Whitby, Yorkshire.

THE Presidentship of the Bethlehem and Bridewell hospitals is vacant by the death of Mr. J. E. Johnson, who was for many years the Chairman of the Surrey Quarter Sessions.

LOCAL USE OF ARSENIC. — Some of the Italian physicians are using arsenic locally in certain structural diseases, it is asserted, with great benefit. Dr. Tassi, for instance, in lupus exedens, syphilitic and scrofulous sores, uses a weak solution of arsenic to the diseased surface. D'Ormea, of Bologna, uses the same remedy in epithelioma.

PUBLIC VACCINATION FOR BIRMINGHAM. — The following notification of the appointment at Birmingham of a public vaccinator, under the Privy Council, appeared in last Tuesday's *Gazette*:—"Notice is hereby given that, subject to the same conditions as their lordships have heretofore appointed in the like matter, and subject also to their lordships' further orders, Dr. George Francis De La Cour, of the General Dispensary, Birmingham, officiating as public vaccinator in the parish of Birmingham, is authorized to give certificates for the purposes of the aforesaid order to persons whom he, at his appointed station, shall have examined or instructed in vaccination."

THE WORKSHOPS REGULATION ACT.—A conference, by appointment, of metropolitan medical officers of health met at Whitehall on Wednesday at the office of the Inspector of Factories, Alexander Redgrave, Esq. The object was to discuss the provisions and steps taken with regard to the above Act by the local authorities of the metropolis. Drs. Aldis, Buchanan, Lord, Hardwicke, Whitmore, Tripe, Sarvis, and a few other gentlemen, were present. From what was stated,

it appears no united action has as yet been taken. Dr. Whitmore objected to medical officers being charged with the duties of prosecuting milliners, &c., and thought the enforcement of the above Act ought to lie with the police. Dr. Buchanan thought there were many provisions of an essentially sanitary character; others were less so, but he advised a broad construction of the Act. Dr. Hardwicke thought that if medical officers were called upon to carry out the provisions of this Act, and undertake the duties of sub-inspectors, it would increase their sanitary work, and would undoubtedly be duly recognised. Mr. Redgrave thanked the gentlemen for the valuable and suggestive information offered to him.

IN a Convocation held at Oxford on Thursday, the 26th inst., at 2 o'clock, the names of B. C. Brodie, M.A., Balliol and Magdalen; R. B. Clifton, M.A., Wadham; and W. S. Church, M.A., Christ Church, who have been nominated by the Vice-Chancellor to the office of Examiners in the first examination required for the degree of Bachelor of Medicine; and the names of T. K. Chambers, D.M., Christ Church; J. W. Ogle, D.M., Trinity; T. P. Teale, M.A., B.M., Brasenose, who have also been nominated by the Vice-Chancellor to the office of Examiners in the final examination required for the same degree, were submitted to the House.

HIS Grace the Duke of Northumberland has, it is said, promised to preside at a meeting to be held in Newcastle on the 4th proximo in aid of the Royal Albert Idiot Asylum for the Northern Counties, now in course of erection at Lancaster.

MR. ARNOLD TAYLOR, the Government Inspector, will open on Wednesday next, at Falmouth, an inquiry into the sanitary condition of that town, the unhealthiness of which has been already noticed.

THE ROYAL SOCIETY.—The following is the list of Fellows of this Society nominated for the different offices and seats in the Council on the 30th inst., viz.:—President: Lieutenant-General Edward Sabine.—Treasurer: Dr. W. A. Miller.—Secretaries: Dr. W. Sharpey and Professor G. G. Stokes.—Foreign Secretary: W. H. Miller. Other members of the Council:—Mr. F. A. Abel, Sir B. C. Brodie,* Dr. W. B. Carpenter, Mr. J. Lockhart Clarke, Mr. Frederick Currey,* Mr. Warren de la Rue,* Sir William Fergusson,* Mr. W. H. Flower,* Captain Douglas Galton, Mr. J. P. Gassiott, Mr. John Hawkshaw,* Mr. John Marshall,* Mr. Joseph Prestwich,* Captain G. H. Richards,* Mr. Archibald Smith,* and Lieutenant-Colonel Alexander Strange. Those gentlemen whose names appear with an asterisk were not members of the last Council.

SIR WILLIAM JENNER, Bart., M.D., will take the chair at the second annual meeting of the subscribers and friends of the Hospital for Sick Children, Queen's-road, Chelsea.

AN innkeeper named Greenwood, of Halifax, was bitten on the lip by a dog about two months ago, and died from hydrophobia on Saturday last. This is the third death from hydrophobia at Halifax within a few weeks.

THE NEW HOSPITAL AT SWANSEA.—The late Nash Edwards Vaughan, Esq., of Rheola, bequeathed £500 towards the funds of this hospital, and Mr. Crawshay has given £500.

THE South Staffordshire General Hospital, Wolverhampton, has been presented with one hundred guineas by Mr. F. Monckton, of Shelton, Penkridge.

STEEVENS' HOSPITAL, DUBLIN, has been presented with £300 by the Corporation of Dublin.

WE exceedingly regret to record the death of Dr. Joseph Brown of Sunderland, which occurred on the 19th inst. Dr. Brown was one of the most accomplished physicians of the North of England, and we shall give some account of his long and valuable life next week.

MEDICAL APPOINTMENTS.

ALEXANDER, Mr. P., has been appointed Medical Officer and Public Vaccinator for the Earsdon District of the Tynemouth Union, Northumberland, vice T. H. Pyle, M.R.C.S.E., deceased.

BLAKE, Dr. C. C., has been appointed Lecturer on Comparative Anatomy and Zoology at the Westminster Hospital Medical School.

CHAMBERS, J., M.D., C.M., has been appointed Surgeon to the Cunard Royal Mail Steamer "Palmyra."

DE LA COUR, G. F., M.D., has been appointed Vaccinator to the Birmingham Dispensary, and Instructor and Examiner in Vaccination, vice P. F. J. Kenny, L.R.C.P.Ed., deceased.

DOUSE, T. S., M.D., has been appointed Resident Medical Officer to the Charing-cross Hospital.

DUKA, Surg. T., M.D., F.R.C.S., of the Medical Department, in joint Medical Charge of Simla, has been appointed to the Medical Charge of the Lawrence Military Asylum at Sunawur, on the expiration of his present tour of duty at Simla, vice Assist.-Surg. Colles, M.D., placed at the disposal of his Excellency the Commander-in-Chief.

FISHER, Assist.-Surg. J. T. F., of the 23rd Surrey Volunteer Corps, has been appointed Surgeon to the 4th Administrative Battalion Surrey Rifles.

HARRISON, G. W., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for District No. 1 of the Alton Union, vice C. J. Allan, M.D., resigned.

HAWARD, Mr. F., has been appointed Medical Officer to the Workhouse of the Blything Union, Suffolk, vice J. S. Harris, L.K.Q.C.P.I., resigned.

HORTON, G. E., L.S.A., has been appointed Senior House-Surgeon at the Middlesex Hospital, vice H. Case, M.R.C.S.E.

KIRD, Mr. J. K., has been appointed Resident Obstetric Officer to the Charing-cross Hospital.

LITTLE, Mr. C. E., has been appointed Resident Surgical Officer to the Charing-cross Hospital.

MACDONALD, J. C., M.R.C.S.E., has been appointed House-Surgeon to the South Staffordshire Hospital, Wolverhampton, vice R. Hughes, M.R.C.S.E., resigned.

MAKE, Dr. C., has been appointed Lecturer on Zoology in the Westminster Hospital.

NAYLER, G., F.R.C.S.E., Assistant-Surgeon to the Hospital for Diseases of the Skin, New Bridge-street, Blackfriars, has been promoted to Surgeon.

ROBINSON, Dr. A. K., has been appointed Medical Officer and Public Vaccinator for District No. 1 of the Blything Union, Suffolk, vice J. S. Harris L.K.Q.C.P.I., resigned.

SIBS, F. M. B., L.R.C.P.L., has been appointed an Assistant-Surgeon to the Hospital for Diseases of the Skin, New Bridge-street, Blackfriars.

TAY, W., M.R.C.S.E., has been appointed an Assistant-Surgeon to the Hospital for Diseases of the Skin, New Bridge-street, Blackfriars.

WINZAR, J., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for District No. 5 of the Alderbury Union, Wiltshire, and Medical Officer to the Workhouse, Salisbury, vice W. G. Williams, M.R.C.S.E., deceased.

Births, Marriages, and Deaths.

BIRTHS.

COLLIER.—On the 25th inst., at Ripon, the wife of Thomas Collier, Surgeon of a daughter.

DALBY.—On the 17th inst., at Saltash, the wife of Dr. Dalby, R.N., of a daughter.

FOX.—On the 20th inst., at Sackville-street, Piccadilly, the wife of Tilbury Fox, M.D., M.R.C.P.L., of a daughter.

MANNING.—On the 20th inst., at Laverstock, near Salisbury, the wife of H. J. Manning, B.A., M.R.C.S., of a daughter.

ORMEROD.—On the 17th inst., at Brighton, the wife of E. L. Ormerod, M.D., of a son.

PARSONS.—On the 13th inst., at Dover, the wife of C. Parsons, M.D., of a daughter.

ROBERTSON.—On the 16th inst., at Stamford Lodge, Cheltenham, the wife of Dr. Lennox Robertson, M.R.C.P.Ed., of a daughter.

TURNER.—On the 23rd inst., at Buxton, the wife of Frederic Turner, M.R.C.S., &c., of a daughter.

WHITE.—On the 18th inst., at Mostyn-road, Brixton, the wife of Dr. White, of a daughter.

MARRIAGES.

ROCHE—FRASER.—On the 24th inst., at Ipswich, Dr. W. Roche, M.R.C.S.E., &c., of East-hill, Colchester, to Minnie, younger daughter of W. Fraser, Esq., of that town.

STILWELL—MERCER.—On the 18th inst., at Denham, Henry Stilwell, M.D., of Hillingdon, Middlesex, to Lucy Jane, daughter of John Mercer, Esq.

STOKOE—CAMP.—On the 22nd inst., at Rushlome-road Independent Chapel, Manchester, T. B. Stokoe, M.D., L.R.C.S.Ed., of Lincoln Lodge, Onchan, Isle of Man, to Sarah Jane, only daughter of Joseph Camp, Esq., of Irwell Hall, Manchester.

DEATHS.

DAVIS.—On the 15th inst., at Loppington Vicarage, Salop, Aaron W. Davis, M.D., formerly Physician to the Tenbury Dispensary, aged 79.

ELLERTON.—On the 22nd inst., John Ellerton, Surgeon, of Aberford, South Milford, Yorkshire, aged 68.

JAMIESON.—On the 23rd inst., at Ravensdowne, Berwick-on-Tweed (of acute yellow atrophy of the liver), Isabella Tod, wife of Wm. Allan Jamieson, M.B., aged 25.

LEWIS.—On the 19th inst., Owen Lewis, Surgeon, of Cwirtal, Aberffraw, Anglesey, aged 71.

SABBEN.—On the 2nd inst., at Southsea, J. C. Sabben, M.R.C.S.E., Deputy Inspector-General of Hospitals and Fleets.

SANDERS.—On the 17th inst., Wm. Sanders, L.F.P. & S. Glas., of Wamphray, Dumfries-shire.

WILSON.—On the 13th inst., Henry Wilson, M.R.C.S.E., of Stourbridge, Worcestershire, aged 51.

BOOKS ETC. RECEIVED.

Croonian Lectures: on Matter and Force.
History of Anæsthetic Discovery.
Barton on the Nature and Treatment of Syphilis.
Carson's Principles of Phrenology.
Cantillon on Diseases of the Womb.
Carpenter on Sanitary Improvements.
Lord Bacon's Letters and Life.
Fownes's Chemistry.

LONDON UNIVERSITY.

SECOND M.B. EXAMINATION FOR HONOURS, 1868.

THE following are the examination-papers referred to in another part of the Journal:—

Thursday, Nov. 12th.—Morning, 10 to 1.

MEDICINE.

Examiners—SAMUEL WILKS, M.D., and Prof. J. RUSSELL REYNOLDS, M.D.

1. Discuss the etiology, pathology, and treatment of diabetes.
2. What are the most important indications to be derived from the use of the ophthalmoscope in the diagnosis and treatment of disease? (It is not intended that the answer to this question should include diseases limited to the eye.)

Afternoon, 3 to 6.

1. What are the ascertained facts with regard to the hereditary transmission of disease? Illustrate the influence which a knowledge of these should exert upon education; hygiene; the diagnosis, prognosis, and treatment of disease, and also upon life assurance.
2. Give a full account of the disease known as cerebro-spinal meningitis.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

DIPLOMA OF FELLOW.

FIRST EXAMINATION.—ANATOMY AND PHYSIOLOGY.

November 21st, 1868.

From one o'clock to five o'clock P.M. Answers to *less* than four questions are not received.

1. Name, in the order in which they are placed, the parts in the space corresponding to the outline of the masseter muscle, beginning immediately under the skin and ending at the pharynx.
2. State the course of the root-fibres of the spinal nerves within the substance of the spinal cord, and mention the effects of partial transverse and longitudinal divisions of the cord—the latter division separating it into two equal lateral parts.
3. State the sources from which the heart is furnished with nerves. Mention the position and connexions of the cardiac plexuses, and the manner of the distribution of their branches to the heart.
4. Describe the structure of the capillaries, and the circulation through them, including its rapidity as compared with that in the arteries, as well as the reasons for the difference between the flow through the two classes of vessels. Explain the forces to which, independently of the heart's action, the circulation through the capillaries has been assigned.
5. Describe the mode of the development of bone in cartilage and in membrane; and mention which of the cranial bones are developed from the one, and which from the other of those tissues. State the centres of ossification, and their respective positions in the occipital bone, and in a dorsal vertebra.
6. State the means by which animal heat is generated and maintained, and explain the influence of the nervous system with respect to it.

Medical Diary of the Week.

Monday, Nov. 30.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. Mr. Chas. Jas. Fox, "On a Case of Removal of Breast under Nitrous Oxide."—Mr. Hunt, "On the Application of Chloric Ether to Sloughing and Irritable Wounds."—Dr. Chambers: "Cases of Carbolic Acid Treatment."—Mr. Alfred Haviland, "On the Geographical Distribution of Cancer in England and Wales," with Illustrations by Maps, &c.

Tuesday, Dec. 1.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.
ANTHROPOLOGICAL SOCIETY OF LONDON.—8 P.M. Mr. Luke Owen Pike, "On the Claims of Women to Political Power."

Wednesday, Dec. 2.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.
OBSTETRICAL SOCIETY OF LONDON.—7 P.M. Council Meeting.—8 P.M. Mr. Squire, "On Infantile Temperatures in Health and Disease."—Dr. Copeman, "On the Treatment of Imperforate Hymen."—And other papers.

Thursday, Dec. 3.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
HARVEIAN SOCIETY OF LONDON.—8 P.M. Mr. Berkeley Hill, "On Carbolic Acid in Surgical Practice."

Friday, Dec. 4.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.—8 P.M. "Remarks on the Pathology and Treatment of Epilepsy."

Saturday, Dec. 5.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

To Correspondents.

IMMORAL AND QUACK PUBLICATIONS.

WE are constantly being asked by correspondents whether nothing can be done to prevent the fraternity of quacks from disseminating their disgusting pamphlets and books among the public. Very recently some productions of this character were forwarded to Aldershot, and distributed among the soldiers and officers of that camp. A non-commissioned officer of the Royal Artillery not long ago fell into the hands of some of these advertising gentlemen. He was first of all induced to believe that he was suffering from disease, which he was not, and then treated for it, and charged of course; and such was the hold that these people obtained over his mind, that he bore away a quantity of handbills for the purpose of distributing them among his comrades. The discovery of these in the barrack led to the man's appearance before his surgeon, who had considerable difficulty in disabusing his mind of the apprehensions which had been instilled into it. The man subsequently tried, at the suggestion of his medical officer, to extract a receipt and other evidence from his quack adviser, with the view of prosecuting him, but the attempt was futile; and just as the patient had determined upon himself inflicting the punishment which he could not legally procure, the quack decamped. We would strongly advise the recipient of one of the disgusting books to go before a magistrate, and see whether it would not be practicable to prosecute under Lord Campbell's Act. At any rate it would have the effect of giving publicity to a scandalous system.

Simplicity.—Anyone on the Medical Register can recover in court under the 37th clause of the Medical Act. We should imagine our correspondent could recover if his name appears in the Medical Register when he goes into court.

RETIREMENT OF SURGEON-MAJORS.

To the Editor of THE LANCET.

SIR,—The correspondent who addressed you on the subject of the unalloyed success attending the medico-military career of Surgeon-Major Tufnell has my most cordial sympathy and approval.

Nine years ago, when the new Medical Warrant for the Army was published, I was just entering upon my second tour of service in India, and I then, stimulated to wrath by the combined effects of prickly heat coming on at an unusually early period of the hot season, and by what I saw was likely to occur, wrote to that grand diverticulum or safety-valve for the indignant Briton, *The Times*, forshadowing all that has since occurred in Surgeon-Major Tufnell's career, and has excited the indignant pen of your correspondent. I also pointed out that the Regius Professorship of Military Surgery, which Surgeon-Major Tufnell was then enjoying, had fallen to his lot utterly without regard to the claims of experienced military surgeons, as well as to the interests of the public service; Surgeon-Major Tufnell having never seen any active service, his experience of gunshot wounds being, as I believe, limited to one of which he was himself the subject during his short stay in India, having been received in a duel, and to so many as may have since come under his notice during his practice as surgeon to one of the civil hospitals in Dublin. My letter did not appear in *The Times*. For several months afterwards, having been fully occupied by regimental duty, including the cholera epidemic of 1861 in Central India, I had neither leisure nor inclination to make any further attempt at bringing the past and impending jobs to public notice, which alone could have checked them.

The abolition of the Regius Professorship gave Surgeon-Major Tufnell claim which he and others for him did not fail to press to a successful issue and resulted in his being promoted to the rank of Surgeon-Major after twenty years' service, without ever having attained the position of a regimental or staff surgeon, notwithstanding its having been generally supposed that, by being permitted to hold the appointment at the Military Prison in Dublin, he was to have foregone all promotion. He is now, I believe, the only full-pay medical officer holding such an appointment, and altogether one can hardly decide which may be the more worthy of admiration—the luck which he has enjoyed, or the qualities by which he has attained it.

Yours truly,

November 3rd, 1868. T. C. D.

VENTILATION OF SEWERS.

THE *Builder* in an article on this subject—one whose great importance we have repeatedly insisted on—refers to the very partial success which has attended most of the plans adopted, and points out that no system of sewer ventilation ought to be entertained which is not perfectly self-acting, and in which the first cost does not cover the whole expense likely to be incurred, because of the tendency on the part of municipal authorities to neglect preventive measures as soon as immediate fear of danger from epidemic disease is over. Of the system of disinfection by charcoal of sewer gases, the *Builder* says that theoretically it is a correct one, but that its practical value is very doubtful, owing to the absorption of damp soon rendering the charcoal useless. The Corporation of Liverpool appears to have solved the difficulty: a thousand iron shafts or chimneys, about eight inches in diameter, with revolving tops, in connexion with which is an Archimedean screw to cause a constant upward draught, have been connected with the sewers, and carried up alongside buildings far above any windows, so as to obviate any danger of the poisonous gases finding their way into the houses.

One Interested in the Subject.—Dr. Parkes's experimental investigations into the relative powers of certain disinfectants are to be found in the Army Medical Department Blue-book, just published, which can be obtained of Messrs. Harrison, Printers.

Common Decency.—The appearance of such drawings in the public prints is objectionable, especially in the degree to which the practice is now carried.

MONTROSE LUNATIC ASYLUM.

"MORE ROOM" seems to be the burden of almost all the recent annual reports of lunatic asylums. It is to be found in that of the Royal Lunatic Asylum of Montrose, which is before us. This institution contains 370 patients. The pressure on the female accommodation of the house is rapidly increasing, for the female lunatics largely preponderate. The medical superintendent, Dr. Howden, reports that the recoveries amounted to 25 per cent. in men and 30 in women. The death-rate in 1867-8 was low, only 7·25 per cent. to the average daily number of inmates, or 5·7 estimated on the total number treated in the twelvemonth. Every effort has been made to do away with restraint, and to encourage an interest in every kind of recreation. Dr. Howden gives a series of interesting statistical details relative to the weight of patients on admission and discharge, during attacks and in convalescence, from which it appears that, in acute cases of lunacy, progress towards recovery is almost invariably accompanied by an increase in weight. In the early stage of general paralysis the tendency to obesity is marked. In acute and intermittent mania, weight is speedily lost, and is regained *pari passu* with abatement of the excitement.

ARTIFICIAL LEGS.

To the Editor of THE LANCET.

SIR,—In reply to Mr. J. Millikin's letter in your last impression, I beg to call attention to the fact that he has said nothing respecting the most important feature spoken of in your notice on the 7th instant—namely, the enabling a boy with double amputation to walk with a pair of artificial legs, with knee action, without a stick.

What is the sum and substance of Mr. Millikin's objections? First, "the elaborate waistband," which is simply a piece of girth to fix the straps of the legs to. Secondly, "the complex springs," which are simply a spring to flex and extend the foot, a spring to extend the leg, and a spring to flex the thigh. Mr. Millikin's legs act, of course, without springs—by magic, it may be. Thirdly, "the legs worn by the boy were like those rude substitutes worn by our grandsires." If so, how is it they never put a man upon his legs? How is it that Mr. Millikin, with his forty years' experience, with the opportunities he has had, has never yet put a patient upon a pair of artificial legs with knee action? But he has left it for a novice, a bootmaker, of three years' experience to do. It would put Mr. Millikin to the test to mould to the anatomy of the human leg buckets of foreign ox-hide, which, when lightened and prepared, would resist a blow from a sledge-hammer—such as our grandsires never wore. Fourthly, comes "the clapper-foot," to frighten away the birds of course. Ten years ago I worked as a bootmaker for one of the first masters in London. Who is better able to make a foot than a bootmaker? Mr. Millikin has never produced better feet for symmetry and action than are fitted on the boy's legs. Fifthly, Mr. Millikin's "modern improvement in artificial legs," which he fears are now flying to the winds (because they are so light I suppose), and notes their superiority over the leather leg. The night the boy was exhibited at the Clinical Society's meeting, I brought with me another patient with one of my leather legs. He had only worn it three days, and his walk was so perfect as not only almost, but actually to defy detection. The question as he walked was discussed, Which leg has he lost? And they could not tell until informed. Can Mr. Millikin, with his forty years' experience, do better? Sixthly and lastly, "a stout, healthy boy of nearly fifteen years is dwindled down into a child," that his legs in the eyes of your readers may look too heavy for him.

I would ask, Is one in twenty of Mr. Millikin's legs 3½ lb. for an adult mechanic with amputation above knee? I have seen Mr. Millikin's legs and many of other makers; but the best legs I have ever seen in wood-work (nominally called cork), for beauty, lightness, and simplicity, were those exhibited by Mr. Masters, of Old Kent-road, at the Paris Exhibition. Mr. Masters is a gunsmith by trade, has been fourteen years at limbs, and it will put Mr. Millikin to his trumps to excel him. How is it that two applications in eighteen months have been made by the authorities of University College to limb makers to supply two patients with legs that had suffered double amputation? "It was said nothing could be done for them." Certainly they could not have applied to Mr. Millikin. How is it that Mr. Millikin, with his lengthened experience, did not bring out the arm for amputation at the shoulder-joint, but left it for a country boot-maker to do? I made the man's case known by exhibiting his photograph to fourteen London limb makers. They all said that "his case was impossible to be aided; they could not do anything but hide his deformity." And one of your best men said, "No man in the world can make an arm for that man that will be of practical use." Whereas I had the very arm with me in London that the man could carry me with, rest a gun while shooting, and wheel six cwt. in a barrow, &c.

Before closing my letter, I ask why Mr. Millikin did not do as I have done? I saw the account of the boy's accident in THE LANCET, and the question, What is to be done with this legless boy? I wrote for his case; fetched him; brought him home; kept him five weeks; made him a pair of legs; guaranteed before I saw the boy that he should walk with a stick; took him home again, a distance altogether of 1200 miles, and for the price of one leg, and if I failed I was to receive nothing. More than that. I have succeeded in getting him in-door apprentice to a tailor in my own town, and thus far answered the question, What is to be done with the legless blue-coat boy? The boy, when Mr. Millikin saw him, had lost his legs only nine months. There was a want of power in his stumps to give an easy walk. He had only worn his legs fourteen days. With seven months' sitting the hips were flexed to a sitting angle. And how could the boy walk perfectly without being able to stand erect? At University College Hospital the boy was blinded with a handkerchief, and sent up and down a long passage without a stick, and he did it successfully.

I feel assured, Sir, that had not this case been worthy the attention of the profession, the woodcuts and article of the 7th instant would never have appeared in your valuable columns; and I could not feel justified in allowing Mr. Millikin's letter to go unanswered. And I rejoice to find, with all my imperfections, which are very many, that the testimony of 600 professional gentlemen is quite sufficient to establish the fact that James Gillingham, bootmaker, High-street, Chard, is the first that has succeeded in enabling a patient to walk with a pair of artificial legs with knee action, and the triumph in this boy's case is the only one on record,

I remain, Sir, yours, &c.,
JAMES GILLINGHAM,
November, 1868. Bootmaker and Surgical Mechanician.

*** We cannot insert any more communications upon this subject—ED. L.

THE CONTAGIOUS DISEASES ACT.

IT is well known that all the more influential newspapers and journals aided medical opinion very much in educating the public with regard to the necessity for legislative interference, with a view to limit the extension of venereal diseases. A review of the Blue-book on the Health of the Navy for 1866, which lately appeared in *The Times*, contained some remarks almost identical in character with those which have repeatedly appeared in this journal. In speaking of the diminution that had taken place in diseases arising out of sexual immorality, and the testimony this afforded to the benefits which have already ensued from the Contagious Diseases Prevention Act, the writer went on to say:—

"These benefits have been much diminished by the circumstances that the shelter and treatment afforded to diseased women attract a continuous stream of them to the towns in which the Act is in operation; while the new-comers are at first obliged to ply their trade not only as a means of livelihood, but also as a means of affording evidence of their condition. It may reasonably be assumed that an extension of the Act to inland towns and to the civil population would check this kind of migration, and that then a very strict enforcement of the present law in sea-ports would remove, nearly or entirely, these dire maladies from the medical statistics of the navy."

What follows is so sound and so true that we make no apology for reproducing it:—

"The importance of the question can hardly be over-estimated. Other diseases are more frequently the primary and evident causes of death; but these permanently taint the constitution, and sap the powers of life. Other diseases are contagious under circumstances that can usually be guarded against; but these are communicated to unsuspecting wives, and either destroy unborn children, or curse them with an inheritance of misery and shame."

A Twenty Years' Subscriber.—In the first case our correspondent has no legal claim upon the Board, though he has a strong moral one. In the second, we think he can claim the extra allowed for the particular fracture.

Mr. Fred. Chas. Spouncer.—Mr. A. S. Cooke, of Stroud, Gloucestershire, is house-surgeon to the hospital and dispensary, and is also allowed private practice.

SPEAR *versus* DOIDGE.

To the Editor of THE LANCET.

SIR,—Please to accept my thanks on behalf of the Committee for your kind remarks on this case in your last number, together with your offer to receive subscriptions towards the Defence Fund.

May I ask the favour of an early insertion of the enclosed subscription-list.

W. Babbage, Esq., London	£5	0	0
R. Willis, Esq., Horrabridge	5	5	0
J. H. Willis, Esq., Lew Down	5	5	0
E. Pethybridge, Esq., Launceston	5	5	0
Messrs. Thompson & Wilson, Launceston	5	5	0
Dr. Littleton, Plymouth	1	1	0
H. Walmsley, Esq., Preston	1	1	0
— Preston, Esq.	1	1	0
T. Q. Couch, Esq., Bodmin	1	1	0
Dr. Sargent, Polyphant, Launceston	1	1	0
J. Crocker, Esq., Stogumber	1	1	0
W. P. Swain, Esq., Devonport	1	1	0
J. Somer, Esq., Broadclyst, Exeter	1	1	0
J. Gould, Esq., Hatherleigh	5	0	0
R. Kerswell, Esq., St. German, Cornwall	1	1	0
A. W. Owen, Esq., Hatherleigh	1	1	0
W. C. Northey, Esq., Tavistock	1	1	0
J. Pearse, Esq., Tavistock	1	1	0
R. Sleman, Esq., ditto	1	1	0
W. Brown, Esq., Callington	1	1	0
John Ware, Esq., Clifton	£2	2	0
Dr. Dalby, H.M.S. *Implacable*, Devonport	1	1	0
J. K. Cotton, Esq., Barnstaple	5	5	0
T. Boyle, Esq., New Quay, Cornwall	0	10	6
A. Kelly, Esq., Kelly	10	0	0
A. Gaved, Esq., St. Mabyn	1	1	0
C. R. Prance, M.D., Plymouth	1	1	0
T. White, Esq.	0	10	0
T. B. Harness, M.D., Tavistock	1	1	0
Anonymous	0	10	0
Thos. Good, Esq., Lanson	1	1	0
T. Langton, Esq., London	0	10	0
W. J. Square, Esq., Plymouth	1	1	0
R. Griffin, Esq., Weymouth	0	5	0
R. P. Simpson, Esq., ditto	0	5	0
J. Harper, Esq., Barnstaple	1	1	0
A. Hingston, Esq., Liskeard	1	1	0
J. H. S. May, Esq., Plymouth	0	10	6
Dr. Bulteel, ditto	1	1	0
Dr. Thompson, Bideford	1	1	0
R. J. Laity, Esq., Devonport	1	1	0

Yours obliged,
Bellevue, Launceston, Nov. 24th, 1868. G. M. GIFFORD, Hon. Sec.

DR. HASSALL'S FLOUR OF MEAT.

THIS preparation of meat has now been before the profession and the public for about three years. We noticed it in favourable terms when it was first brought out; but our reason for again calling attention to it is that certain improvements have recently been effected in its manufacture. These improvements consist in the flour of meat being reduced to a much finer powder, and consequently being smoother to the palate, and in the beef-tea and other articles made therewith being richer and more meat-like in flavour. It contains the whole of the constituents of the meat—the albumen, fibrin, gelatine, and a little of the fat,—and hence it is eminently nutritive. The fine state of division to which the meat is reduced, of course, renders it very light and digestible—great desiderata in the case of nearly all invalids.

DISPUTED FEES.

To the Editor of THE LANCET.

SIR,—I shall feel extremely obliged if you will again favour me (as you were kind enough to do so upon a former occasion) by announcing the following in your valuable journal:—

The sum of £1 1s., being the amount of a fee in dispute, has been presented to the Society for Relief of Widows and Orphans of Medical Men, as a donation by Mr. Chas. W. Latham, Surgeon, Hackney-road.

I am, Sir, yours faithfully,
CHAS. J. F. RENTON, L.S.A.,
Collector to the Society.
Lamel Cottage, Hampstead, Nov. 21st, 1868.

LOOK TO YOUR SAUCEPANS.

CERTAIN observations recently made in France relative to the tinning of saucepans have disclosed the fact that a large quantity of lead is used in the metal with which copper saucepans are "tinned." The police regulations require that nothing but pure tin be used; but the expense of material is sufficiently great to induce the workman to use instead thereof a mixture of lead and tin. The Minister of War's suspicions on this point having been excited, he directed an examination to be made into the subject at various military hospitals, and the result is the discovery of the fact that some makers of copper vessels and tinners mix twenty-five and even fifty per cent. of lead with the tin, and in other instances antimony is used. M. Gobey has recommended that the following rules should be enforced:—"1. That the metal used to line copper drinking vessels shall not contain more than one per cent. of lead. 2. That not more than five or six per cent. of lead be mixed with the tin used for saucepans or other cooking vessels, that amount offering no serious danger. 3. That every maker shall be required to mark his productions with a special stamp. 4. That the travelling tinmen shall be strictly watched."

Mr. W. Clarkson.—Any respectable medical practitioner will advise our correspondent.

Alpha.—We should say that the registrar's plain duty is to accept the certificate, which in a court of law would protect the parents.

B.A. Lond.—We presume at the Home Office.

THE LUNGS IN THE DROWNED.

To the Editor of THE LANCET.

SIR,—I find from a note in your correspondent column that M. Labordette complains that I have misrepresented his views as to the entrance of water into the lungs of drowning persons. Some time ago I ordered the number of the *Annales d'Hygiène* in which M. Labordette's paper is published; but, owing to accidental circumstances, have not yet received it. I was, therefore, obliged to accept the statement of his views from a notice of his paper published in the second number of the *Practitioner*, which contains the following sentence:—"After an analysis of various opinions as to the physiology of drowning, M. Labordette arrives at the conclusion that water, sometimes in considerable quantity, passes into the lung." If M. Labordette, therefore, does not believe that water enters the lung, his views have been singularly misinterpreted by the author of the notice in question; and it would be well for him to address the editors of the *Practitioner* on the subject.

That such entrance of water into the lung, nevertheless, does take place during the respiratory struggles of drowning animals, I will now in proof refer to the labours of the committee of the Royal Medical and Chirurgical Society appointed to investigate this subject. Dr. C. J. B. Williams, on behalf of the committee, and in explanation of the singularly destructive operation of drowning as compared with simple deprivation of air, observes: "The experimenters were very soon enabled to trace it to the action of the water itself forcibly drawn into the lungs by the animal's efforts to respire while immersed." On post-mortem examination of drowned animals, the air-passages were found choked with frothy fluid, and the lungs were heavy, dark coloured, pitted on pressure, and on being cut exuded an abundance of blood-tinged fluid, with many air-bubbles in it. In those destroyed by simple apnœa, the air-passages were found free from all effusion, the lungs light and buoyant, contained remarkably little blood, and were free from engorgement or obstruction. Dr. Williams concludes by showing how opposed these observations were to the doctrines of Goodwyn, who argued that water never to a hurtful extent entered the lungs of the drowned; and observes that he was by no means sure that some modification of the popular practice of inverting drowned persons, to permit the exit of fluids, might not be beneficial. I believe Dr. Marshall Hall's method of treatment a better one for popular use than Dr. Silvester's, because it permits the exit of fluids, and allows the tongue to fall forward. Non-professional persons have a horror of meddling with a dead body; and it would never do, therefore, to trust them to force open the jaw and pull forward the tongue—a measure necessary in Silvester's method, while the position of the patient is such as to prevent the escape of fluids. I would, therefore, repeat my recommendation to the National Life-boat Institution: to give the details of Marshall Hall's method only, and thus avoid confusing persons who will understand very little about the matter, and for whom always the simplest method must be best.

I am, Sir, your obedient servant,
CHARLES TAYLOR, M.D., F.R.C.S.E.,
Surgeon to the Nottingham Eye Infirmary.

Mansfield-road, Nottingham, Nov. 16th, 1868.

Medicus is thanked for the remarkable bill he forwards us, announcing a programme of lectures, presided over by a congregational minister, preceded by prayer and a performance on the organ. The *terminus ad quem* of the whole seemed to be the magnification of homœopathy, or rather of a particular homœopath, the lectures being interspersed with most untrue representations of the science of medicine. It says more for the leisure than for either the taste or the talent of the minister that he should find himself in such a position. If John Foster had lived now, he would have found much fresh material for illustrating "the aversion of men of taste to religion." No wonder that the pulpit is losing its power.

PLEASING NOVELTY IN UTERINE THERAPEUTICS.

WE learn from a contemporary that, at a recent meeting of the Medical Society of London, a member exhibited "*an adaptation of the mouth to the uterine speculum.*"

LUNACY CERTIFICATES.

To the Editor of THE LANCET.

SIR,—In reply to your correspondent "Humanitas," I should advise his laying the whole matter (certificates, &c.) before the Home Secretary; and for his future guidance I would refer him to a little work by John Millar, and published by Henry Renshaw, of the Strand; in which work, p. 93, he will find full instructions how to proceed in such cases.

I am, Sir, your obedient servant,
Uxbridge, Nov. 22nd, 1868. WILLIAM RAYNER.

INDIAN DISEASES AND DRAINAGE.

THERE can be very little doubt that the difficulties to be overcome in a country like India before it can be rendered fit for the occupation of Europeans are very great, particularly those which relate to the insanitary evils due to climate and physical conditions of soil. Surgeon-Major Home, C.B., V.C., in his Sanitary Report of the Troops in Bengal, says:—

"The most common disease from which soldiers suffer in this country is ague. Experience in all countries, England included, shows that the complete extirpation of ague is merely a matter of drainage. Every one knows this; but to drain even the neighbourhood of the cantonments in this command would be so gigantic a work as to be practically out of the question. Even the thorough deep drainage of the actual sites on which the barracks are built would greatly promote the health of the men; but the material difficulties in the way of such a project make it a thing to be desired more than to be expected."

It might be practicable to act on the suggestion made by Prof. Rolleston in his communication on "House-Construction" published in our columns last week, and invariably obtain the interposition of a layer of impervious substance—a mixture of gravel and gas-tar, for example—between the floor of the barrack and the level of ground water in the soil.

RETENTION OF MEMBRANES AS A CAUSE OF PUERPERAL CONVULSIONS.

Medicus writes to us against the idea that the retention of membranes could give rise to convulsions. We have already indicated our opinion on this subject, and the further disposal of the case of Mr. Wilson may safely be left to the local courts. We may have only imperfect accounts of the facts; but certainly these do not seem to sustain the serious verdict of manslaughter.

Anæsthesia and *Medicus.*—Dr. Brown-Séquard's address is 19, Rue Napoléon, St. Germain-en-Laye, France.

THE CLUB QUESTION IN BIRMINGHAM.

To the Editor of THE LANCET.

SIR,—I have had the misfortune to incur the wrath of the medical men here, because I had the unheard-of audacity to accept the invitation of a very large number of industrious, intelligent men to come to Oldbury and be their doctor, and because I consulted my own interest in preference to that of anybody else in determining what I should charge for my services.

Now, Sir, our profession, no doubt, is a noble one, as has been remarked at least once before, and it is very important that its honour and dignity should be upheld to the utmost. Sir, let me tell my brethren that I do not yield to one of them in my concern for the character of our calling; but that I believe a reasonable regard to my own personal interests is not incompatible with a desire to see my profession rise in the estimation of the general public. It is a most praiseworthy action, to be sure, to raise our professional status; but that is not to be done by isolated attempts—attempts, too, which, notwithstanding the cry that "honour pricks me on," very often originate in a peculiar hankering felt by most men after pounds, shillings, and pence. With regard to my brethren here, I believe that *their* object in demanding five shillings of the Clubs, and *my* object in accepting three, were strictly identical—namely, to better each his own condition; for had they been actuated solely by considerations of honour, they would not have set aside, as some of them have done, those established rules which are supposed, by a pleasant fiction, to regulate our conduct towards each other. I believe it is a hopeless task to try to take a higher stand as a body than we at present hold, so long as jealousy and envy and calumny characterise our mutual intercourse. Let us not grudge another's success; let us take our brother's part, instead of assisting to blacken his character; let us be united, and pull all together, for our common good, instead of separately for our own personal aggrandisement; let none of us act the part of the dog in the manger, and neither take nor let another take. Do not blame me for being Brutus because I cannot be Cæsar. But by all means discountenance the practice, by whomsoever followed, of meanly robbing a man of his patients.

I am, Sir, your obedient servant,
Oldbury, November 17th, 1868. W. CHURCHILL DEMPSEY.

P.S.—As a matter of justice to myself, I respectfully ask you to insert this letter in as early an issue of your journal as possible, as it is the only justification of myself I have thought right to make with reference to my coming to Oldbury.

*** We insert Mr. Dempsey's letter from our natural fondness for hearing both sides. It will be seen how little it is possible for him to say for himself, the only principle of action he owns to being the selfish principle. He finely says "let us take our brother's part;" but what he does is to take his brother's place, and that is not fine.

CONVEYANCE OF PERSONS WITH CONTAGIOUS DISEASES.

Enquirer.—The following is a copy of the 25th clause of the Sanitary Act, 1866:—

"If any person suffering from any dangerous infectious disorder shall enter any public conveyance without previously notifying to the owner or driver thereof that he is so suffering, he shall, on conviction thereof before any justice, be liable to a penalty not exceeding five pounds, and shall also be ordered by such justice to pay to such owner and driver all the losses and expenses they may suffer in carrying into effect the provisions of this Act; and no owner or driver of any public conveyance shall be required to convey any person so suffering until they have been first paid a sum sufficient to cover all such losses and expenses."

A similar clause is found in the 3rd or miscellaneous portion of the Act, imposing a penalty on "any person with infectious disorder exposing himself, or on any person in charge of such sufferer causing such exposure."

Epsilon.—A resident cannot *demand* the appointment under the circumstances named. In order to hold public appointments it is necessary to be registered. A parish appointment can be retained by a non-resident having a resident qualified assistant, with the consent of the Board of Guardians, though undoubtedly it is an objectionable arrangement. Our correspondent will find the changes under the new Vaccination Act treated of very fully in THE LANCET of the 7th and 21st of the present month.

Dr. J. R. Wolfe.—A short paper on the subject would be interesting.

THE HEALTH OF THE TROOPS AT HONG-KONG.

FROM intelligence dated 15th October which we have received, it would appear that the past summer has been an unusually healthy one, and the troops in Hong-Kong have experienced less sickness than those stationed in the more bracing climate of Japan. One great source of disease has been the prevalence of enthetic diseases at the latter station. Two officers and the wife of the general commanding at Hong-Kong had died during the summer. It will be remembered that the amount of fever and dysentery amoug the men of a regiment stationed at Hong-Kong a few years ago formed the subject of inquiry before a Select Committee of the House of Commons.

LIST OF SUBSCRIPTIONS FOR MRS. JUMP.

THE following additional subscriptions have been received by the Rev. G. Winter on behalf of Mrs. Jump and family —

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Mr. Hewitt, Stamford ...		0	10	6	Mrs. Seppings	1	1	0
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A Friend, by T. Palmer, Esq.		5	0	0	— Brown, Esq., Titchwell	1	0	0
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R. Campbell, Esq., Fakenham		3	0	0	Miss E. L. Norton	1	0	0
J. B. Bradfield, Esq., Stokeferry		2	2	0	Mr. C. J. Coe, Dersingham	1	0	0
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Mrs. Muskett, Thorpe ...		1	0	0	W. Cadge, Esq., Norwich...	2	2	0

THE ENGLISH AND SCOTTISH LAW LIFE ASSURANCE ASSOCIATION, EDINBURGH.

To the Editor of THE LANCET.

SIR,—For many years you were a staunch advocate of the claims of medical men to remuneration from Insurance Companies consulting them on the health of parties wishing to insure their lives, and I thought that long since this claim had been fully admitted by every Company in the kingdom; but I find that it is not so, and I will, with your permission, warn your readers of one exception—viz., the English and Scottish Law Life Assurance Association, Edinburgh.

A short time since an officer from this station went to Edinburgh. A few days later I received the usual printed official letter of an Insurance Company, signed but not forwarded by himself, enclosing the usual schedule of professional questions. These I answered, and returned to the Manager of the above-named Company, whose address (stamped) accompanied the letter.

The usual fee not having arrived after the lapse of three weeks, I wrote to the Manager on the subject, from whom I received the following reply:—

"The schedule of inquiries to which you refer was sent you by direction of Lieut. ——, to whom I must refer you for remuneration. We pay our own medical officer a fee for the examination of Mr. ——."

This, you will perceive, is the old story; but I wish particularly to draw attention to the unfair and, I think, novel method adopted by this Company of obtaining a gratuitous medical opinion by causing the insuring party to sign the printed official letter accompanying the schedule of questions, and so making it appear that he, not the Company, sends it.

Your obedient servant,

Walmer, Nov. 18th, 1868. F. DOUGLAS, M.D., Staff Surgeon.

Mr. Edwin S. Green.—The salaries of the medical officers are usually settled by contract with the guardians, subject to the approval of the Commissioners. Where the guardians have refused to grant such a salary as the Poor-law Board considered proper, the Board have fixed the salary by an order under their seal, which they are empowered to do by the 4th and 5th W. IV., c. 76, s. 46.

DWELLINGS OF THE POOR.

To the Editor of THE LANCET.

SIR,—I have just left a poor man who is on his death-bed. His small room, which is very low, is shared by his wife and five children; the window which pretends to light the apartment is about 18 in. high by 2 ft. wide, so that when I go to see him I am obliged to ask for a candle. Is it not possible to set private enterprise to work to remedy such evils as this? Is it not possible to direct some of that energy which prompts men to risk their lives in climbing the Alps, or their fortunes on the turf, into such a channel as this? Let anyone who has plenty of time and means at his command wish to benefit his species in this line, and he is sure to find sufficient opposition to his schemes to make it exciting, and sufficient work to make it interesting. Let him choose his village where he intends to commence operations, and then buy a plot of land, upon which he can build his cottages after his own model if he likes. Then let him buy up a corresponding number of wretched hovels existing; let the inmates have the new cottages, and have the old ones pulled down and rebuilt, they would then do for another set of tenants from old cottages, and so on.

My scheme may appear utopian; but I am convinced that it is not impossible. And as I have travelled much, and been enabled to compare things, I am compelled to say that, bearing such things in mind as the state of the dwellings of many in this Christian land, it fills me with nauseating disgust when I hear our civilisation talked about. If men would occupy their time usefully, and be willing to spend a little money in a sensible manner, they would secure to themselves the best wishes of the thinking portion of the community, besides leaving their buildings as lasting monuments in their praise, by undertaking to improve the dwellings of the poor.—Yours, &c.,

November 18th, 1868. ANDAMAN.

Mr. H. B. Turner.—1. A printed copy of the regulations will be sent from the College on application to the Secretary. — 2. Our correspondent would be exempt from the preliminary examination. — 3. The annual personal expenses varies, of course, according to a man's own inclinations. The total fees payable during the necessary course of study amount to about £100. This is generally paid in instalments.

D. J. W.—It is not easy to answer our correspondent's question in the absence of particulars, with which he does not supply us. Generally speaking, it may be said that simple curvature of the spine does not tend to prevent growth. In males, however, simple curvature is not common. The curvature is apt to be associated with rickety or strumous diathesis or disease, which might materially arrest growth.

EVERY communication, whether intended for publication or otherwise, must be authenticated by the name and address of the writer. Papers not accepted cannot be returned. Articles in newspapers, to which attention is sought to be directed, should be marked. Communications not noticed in the current number of THE LANCET will receive attention the following week.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir H. Thompson; Prof. Gamgee, Birmingham; Dr. Barnes; Mr. Barwell; Mr. Marshall Hall; Dr. Gervis; Dr. Tilt; Dr. Baylis, Birkenhead; Dr. Allen; Mr. Jeaffreson; Mr. Sargeant; Dr. Wolf, Glasgow; Messrs. Asher and Walbrook; Dr. Tiff; Dr. Gaillard, Louisville; Dr. le Doyon, Lyon; Mr. Painter; Dr. Williams; Mr. Charteris; Mr. Poole; Mr. Nowell; Mr. Hubbard; Mr. Jessop, Leeds; Dr. Turner; Dr. Evans; Mr. Gifford, Launceston; Mr. Taylor; Dr. Clarke; Mr. Manning, Laverstock; Mr. Clarkson; Mr. Maclean, Calstor; Dr. Henry; Dr. Stokoe, Manchester; Mr. Robinson, Salford; Mr. Ravenhill, Birmingham; Mr. Constable, Dulverton; Mr. Denton; Mr. Morris; Dr. Rubidge, Port Elizabeth; Dr. Meyer, Copenhagen; Mr. Watkins; Mr. Macadam; Dr. Power, Portsmouth; Mr. R. Jones, Swansea; Mr. Ekens, Walsall; Mr. Spouncer; Mr. Hughes; Mr. Davies; Mr. Cross; Mr. Pratt; Mr. Tod; Dr. Blake, Torquay; Mr. Micklaw; Dr. Taaffe, Brighton; Dr. Woodward, Worcester; Dr. Macnamara, Whitby; Mr. Hodgkinson; Mrs. Rann, Birmingham; Dr. Rayner, Uxbridge; Dr. Kirkman; Mr. J. Bowden, Salford; Mr. Baines; Mr. J. V. Solomon, Birmingham; Mr. Colthurst; Mr. Paterson, Brigg; Dr. Syson, Salford; Dr. Hindley; Mr. Gregory, Middlesborough; Dr. L. Robertson, Cheltenham; Mr. Gillingham, Chard; Mr. Milligan; Mr. Lettis; Mr. Fowler; Dr. Beamish, Drimoleague; Mr. Forbes, Firth; Dr. Clair; Mr. Trenchard; Mr. Colman, Fetterealrn; Dr. Leonard, Dublin; Dr. Mayne; Dr. de Custine; Dr. Connell; Mr. Cookson; Mr. Leverton, Truro; Messrs. W. J. Coleman and Co.; Mr. Scriven, Lahore; Mr. Allen; Mr. Potter, Warminster; Dr. Hitchman; Mr. Joseph, Lanark; Mr. Little; Dr. Whalley; Mr. Holland; Mr. Horton; Messrs. Southall and Co., Birmingham; Messrs. Bewley, Hamilton, and Co., Dublin; Mr. Green, Settle; Mr. Norris, Altringham; Mr. Propert, St. Davids; Dr. Gill; Mr. J. Deane, Cranbrook; Mr. Collier, Ripon; Mr. Smith; Dr. Sedgwick; Mr. Patrick; Mr. Hollingsworth, Plymouth; Dr. Jamieson, Ravensdowne; Mr. White; Dr. Roche, Oxford; Dr. Bradbury, Cowbridge; Mr. Morgan; M. Crispi; Medical Society of London; Studens, King's College; F. B.; Alpha; A Country Practitioner; A. B.; T. A. A.; One Interested in Disinfectants; The Medical Officer of the East London Infirmary; A Twenty Years' Subscriber; D. J. W.; A. B. C.; Paddy; Anthropological Society; J. D. G.; E. H.; R. C.; Medicus; Beta; M.R.C.S.; Epsilon; M.D.; A Subscriber; The Secretary of the Seyssel Asphalte Company; Senex and a Reader of THE LANCET; Simplicity; &c. &c.

Half-Yearly Compendium of Medical Science, New York Medical Gazette, Liverpool Albion, Gateshead Observer, L'Internationel, Portsmouth Times, Medical and Surgical Reporter (Philadelphia), *City Press, Bucks Herald, Brighton Gazette, Lincolnshire Chronicle, Bridgwater Mercury, Carnarvon Herald, Surrey Advertiser, New York Medical Journal, Scientific Opinion, Indian Medical Gazette,* and *Solicitors' Journal* have been received.

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